

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000027526 (9)**

1. Corporation Name

**TONY RODHAM & ASSOCIATES, INC.**



Principal Place of Business

**1200 ANASTASIA AVE  
CORAL GABLES FL 33134**

Mailing Address

**1200 ANASTASIA AVE  
CORAL GABLES FL 33134**

2. Principal Place of Business

21 **1200 ANASTASIA AVE**

Suite, Apt. #, etc.

22 **CORAL GABLES FL.**

24 **33134**

Country

25 **DADE/USA**

2a. Mailing Address

26 **1200 ANASTASIA AVE**

Suite, Apt. #, etc.

27 **CORAL GABLES FL.**

29 **33134**

Country

30 **DADE/USA**

3. Date Incorporated or Qualified

**04/03/1995**

3a. Date of Last Report

4. FEI Number

**65-0569927**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

**RODHAM, TONY  
1200 ANASTASIA AVE  
CORAL GABLES FL 33134**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0503, Florida Statutes.

SIGNATURE

*Anthony D Rodham*

**ANTHONY D RODHAM**

DATE

**3/19/96**

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
NAME **PRESIDENT ANTHONY D RODHAM**  
STREET ADDRESS **1200 ANASTASIA AVE**  
CITY-ST-ZIP **CORAL GABLES FL. 33134**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

Change  Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

Change  Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

Change  Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

Change  Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

Change  Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

**200001820897**  
**-05/14/96--01104--028**  
**\*\*\*200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Anthony D Rodham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/19/96**

**305 444 9783**  
Daytime Phone

CR2E034 (12/95)