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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000039137 (1)

NOWLIN AND WELLS, P.A.

Discount Olega of Discount

Mailing Address

## FILED Jan 23 1997 8:00am Secretary of State



EN COUTUEAC										
DELRAY BEAC	IT FOURTH AVENUE IH FL 33483	50 SOUTHEAST FOURTH DELRAY BEACH FL 3348								
						3. Date Incorporated or Qualified 05/17/1995		e of Las 6/199	st Report	
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		<del>- T</del>	Applied Fo	or
21		26				65-0580960			Not Applic	cable
Suite, Apt.	#, etc	Suite, Apt #, etc.						\$8.7	5 Addition	ıal
22		27				5. Certificate of Status Desired	L.J	Fee	Required	
City & State	l€	City & State				6. Election Campaign Financing		\$5.6	00 May Be	e
23		28				Trust Fund Contribution			ed to Fees	
Zip	Country	Zip	Coun	itry		8. This corporation has liability for i	intangible t	ax unde	ers. 199.03	32,
24	25	29	30	30		Florida Statutes Yes No				
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	gistered A	gent		
WE	LLS, JAMES R		][	<b>61</b> N	√ame					
50 9	SOUTHEAST FOURTH AVENUE		la la	<b>82</b> 5	Street Add	ress (P.O. Box Number is Not Acceptab	ole)			
DEL	RAY BEACH FL 33483		L							
			1	83						
			l <sub>a</sub>	84 (	City			85 2	Zip Code	
							FL		,	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida State	ites, the ab	ove-n	amed corp	poration submits this statement for the p	ourpose of	changir	ng its regist	tered
office or i	registered agent, or both, in the Sta am familiar with, and accept the obl	ate of Florida. Such change was ligations of, Section 607,0505. F	i authorized Torida Statu	ı by tr ıtes.	ne corpora	poration submits this statement for the patients board of directors. I hereby acceptions	pt tne appt	munen	t as registe	irea
		9								
SIGNATURE	Signature, type for pointed name of registered	aganc and title if applicable (NO	TE Flegistered	Agent s	gnature requ	ned when reinstating)	DATE			
12.	OFFICERS A	A.C. CUREBIODS								2
·	OIT TOLLIO?	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	-		
TITLE	PSD	DELETE	13.	LE		ADDITIONS/CHANGES TO OFFIC	CERS AND	☐ Char		
						ADDITIONS/CHANGES TO OFFIC	ERS AND	-		
TITLE	PSD		1.1 TH 1.2 NA		DRESS	ADDITIONS/CHANGES TO OFFIC	JERS AND	-		
TITLE NAME	PSD NOWLIN, JAMES W JR.		1.1 TH 1.2 NA 1.3 STF	ME		ADDITIONS/CHANGES TO OFFIC	JERS AND	☐ Char	nge 🔲 Ad	dditio
TITLE NAME STREET ADDRESS	PSD NOWLIN, JAMES W JR. 3860 LONE PINE ROAD		1.1 TH 1.2 NA 1.3 STF	ME Reet ad 'Y-St-7		ADDITIONS/CHANGES TO OFFIC	JERS AND	-	nge 🔲 Ad	dditior
TITLE NAME STREET ADDRESS GHY-ST-ZIP	PSD NOWLIN, JAMES W JR. 3860 LONE PINE ROAD DELRAY BEACH FL 33445	☐ DELETE	1.1 TITU 1.2 NAF 1.3 STF 1.4 CIT	ME REET AD 'Y-ST-2 LE		ADDITIONS/CHANGES TO OFFIC	ERS AND	☐ Char	nge 🔲 Ad	dditio
TITLE NAME STREET ADDRESS GHY-ST-ZIP TITLE	PSD NOWLIN, JAMES W JR. 3880 LONE PINE ROAD DELRAY BEACH FL 33445 VTD WELLS, JAMES R	☐ DELETE	1.1 THU 1.2 NAP 1.3 STP 1.4 CIT 2.1 THU 2.2 NAP	ME REET AD 'Y-ST-2 LE	ZIP	ADDITIONS/CHANGES TO OFFIC	ERS AND	☐ Char	nge 🔲 Ad	dditio
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSD NOWLIN, JAMES W JR. 3860 LONE PINE ROAD DELRAY BEACH FL 33445 VTD WELLS, JAMES R	☐ DELETE	1.3 TH/ 1.2 NAP 1.3 STF 1.4 CIT 2.1 TH/ 2.2 NAP 2.3 STF	ME REET AD 'Y-ST-2 LE ME	ORESS	ADDITIONS/CHANGES TO OFFIC	ERS AND	☐ Char	nge Ac	ddition
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TIFLE NAME STREET ADDRESS CHY-ST-ZIP THLE NAME STREET ADDRESS CHY-ST-ZIP	PSD NOWLIN, JAMES W JR. 3860 LONE PINE ROAD DELRAY BEACH FL 33445 VTD WELLS, JAMES R 3837 QUAIL RIDGE DRIVE	☐ DELETE ☐ DELETE	1.1 TH 1.2 NAF 1.3 STF 1.4 CIT 2.1 TH 2.2 NAF 2.3 STF 2.4 CIT	ME REET AD Y-ST-Z LE ME REET AD TY-ST-	ORESS	ADDITIONS/CHANGES TO OFFIC	ERS AND	Char	nge Ad	ddition
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TIFLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PSD NOWLIN, JAMES W JR. 3880 LONE PINE ROAD DELRAY BEACH FL 33445 VTD WELLS, JAMES R 3837 QUAIL RIDGE DRIVE BOYNTON BEACH FL 33436	DELETE  DELETE  DELETE	1.1 TITU 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITU 2.2 NAM 2.3 STF 2.4 CIT 3.3 STF 3.4 CIT 4.1 TIT 4.2 NAM 4.3 STF 4.4 CIT 5.1 TIT 5.2 NAM 5.3 STF	ME REET AD Y-ST-7 LE ME REET AD TY-ST-1 LE ME REET AD TY-ST-1 LE REET AD TY-ST-1 LE REET AD	DRESS ZIP  DORESS ZIP  DORESS ZIP  DORESS	ADDITIONS/CHANGES TO OFFIC		Char	nge Ad	addition addition
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• I do horeby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes, Turket certify that the information indicated on this agricult 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:

025 W. Nowlind D. PRES. 1/16/97 56/3769754

OR DIRECTOR

Days The Front Days The Property Days The Pro