

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000047294**

1. Corporation Name  
**Ruth Minzer Davidson, P.A.**

Principal Place of Business Mailing Address  
**8384 35th Avenue North  
St. Petersburg FL 33710**

3. Date Incorporated or Qualified <b>6-15-95</b>	3a. Date of Last Report
4. FEI Number <b>59-3332903</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>8384 35th Avenue N.</b>	26 Suite, Apt. #, etc.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 <b>St. Petersburg FL</b>	28 City & State
24 <b>33710</b>	29 Zip
25 <b>USA</b>	30 Country

9. Name and Address of Current Registered Agent  
**Ruth Minzer Davidson  
8384 35th Avenue North  
St. Petersburg FL 33710**

10. Name and Address of New Registered Agent

81 Name <b>Ruth Davidson</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>8384 35th Ave. N.</b>
83 City <b>St. Petersburg</b>
84 State <b>FL</b>
85 Zip Code <b>33710</b>

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 607.0505, Florida Statutes.

SIGNATURE **Ruth M. Davidson** DATE **5-15-96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE <b>President &amp; Secretary</b>	<input type="checkbox"/> DELETE
NAME <b>Ruth Davidson</b>	
STREET ADDRESS <b>8384 35th Ave. N.</b>	
CITY-ST-ZIP <b>St. Petersburg FL 33710</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**7000018358107**  
**-05/23/96--01006--045**  
**\*\*\*225.00**

**700**  
**522**

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. I 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: **Ruth M. Davidson** DATE: **5-15-96** (813)  
Signature and typed or printed name of signing officer or director Date Daytime Phone # **347-1700**

CR2E034 (12/95)