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Mar 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P95000054067 (0)**

1. Corporation Name
MARCIA DUNN & ASSOCIATES, P.A.

Principal Place of Business
3785 NORTHWEST 82ND AVENUE
SUITE 215
MIAMI FL 33166

Mailing Address
3785 NORTHWEST 82ND AVENUE
SUITE 215
MIAMI FL 33166-6630

2. Principal Place of Business
21 3785 NW 82 Ave
Suite, Apt. #, etc.
22 Suite 117
City & State
23 MIAMI FL
Zip 24 33166 Country 25 USA

2a. Mailing Address
26 3785 NW 82 Ave
Suite, Apt. #, etc.
27 Suite 117
City & State
28 MIAMI FL
Zip 29 33166 Country 30 USA

3. Date Incorporated or Qualified: **07/13/1995**

3a. Date of Last Report: **03/26/1996**

4. FEI Number: **65-0594525**

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
DUNN, MARCIA T
3785 NW 82 AVE #215
MIAMI FL 33166

10. Name and Address of New Registered Agent
81 Name: MARCIA T. DUNN
82 Street Address (P.O. Box Number is Not Acceptable)
3785 NW 82 Ave # 117
83
84 City: MIAMI FL 85 Zip Code: 33166

11. Pursuant to the provisions of Sections 607.0502 or 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: [signature] 3/13/97
Signature, Type or Print Name of Officer or Director or Authorized Representative (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	DUNN, MARCIA T	
STREET ADDRESS	3785 NORTHWEST 82ND AVENUE, SUITE 215	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	☐ DELETE
NAME	DUNN, MARCIA T.	
STREET ADDRESS	3785 NW 82 Ave # 117	
CITY-ST-ZIP	MIAMI FL 33166	
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

1.1 TITLE	☐ Change	☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	☐ Change	☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	☐ Change	☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	☐ Change	☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	☐ Change	☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	☐ Change	☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 added to an attachment with an address.

SIGNATURE: [signature] 3/13/97 (305)