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 # **P95000061955 (7)**

1. Corporation Name

CERAVOLO & HORNE STUART, P.A.

Principal Place of Business	Mailing Address
~~5700 LAKE WORTH ROAD~~ ~~SUITE 301~~ ~~LAKE WORTH FL 33463~~	~~5700 LAKE WORTH ROAD~~ ~~SUITE 301~~ ~~LAKE WORTH FL 33463~~

3. Date Incorporated or Qualified: 08/10/1995 | 3a. Date of Last Report:

4. FEI Number: 65-0602011 | ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 2836 SE FEDERAL HWY	26 SAME
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: STUART, FL	28 City & State
24 Zip: 34994 — 25 Country	29 Zip — 30 Country

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BLVD.
SUITE 211
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

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

83

84 City — **FL** — 85 Zip Code

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☒ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	CERAVOLO, JOSEPH J		12 NAME	
STREET ADDRESS	~~% 5700 LAKE WORTH RD., SUITE 301~~		13 STREET ADDRESS	
CITY-ST-ZIP	~~LAKE WORTH FL 33463~~		14 CITY-ST-ZIP	
TITLE	~~VICE PRES~~ D	☒ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	JAMES J. HORNE		22 NAME	
STREET ADDRESS	~~5700 LAKE WORTH RD #301~~		23 STREET ADDRESS	
CITY-ST-ZIP	~~LAKE WORTH, FL 33463~~		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	JAMES J. HORNE		32 NAME	
STREET ADDRESS	2836 SE FEDERAL HWY.		33 STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34994		34 CITY-ST-ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	JOSEPH J. CERAVOLO		42 NAME	
STREET ADDRESS	2836 SE FEDERAL HWY.		43 STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34994		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 on an attachment with an address.

SIGNATURE: _____ JOSEPH J. CERAVOLO — 1/16/96 — (407) 439-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #