

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 # **P95000090530 (3)**

1. Corporation Name
DAWN E. GRACE, P.A.



Principal Place of Business: **PICASSO TOWERS NINTH FLOOR 2800 BISCAYNE BLVD MIAMI FL 33137**
Mailing Address: **PICASSO TOWERS NINTH FLOOR 2800 BISCAYNE BLVD MIAMI FL 33137**

3. Date Incorporated or Qualified: **11/27/1995** 3a. Date of Last Report: Applied For / Not Applicable

4. FET Number: _____

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: **21 15251 N.E. 18th Ave.** Suite, Apt. #, etc.: _____
22 Suite 2 City & State: _____
23 North Miami Bch. Zip: **24 33162** Country: **25 U.S.A.**

2a. Mailing Address: **26 15251 N.E. 18th Ave.** Suite, Apt. #, etc.: _____
27 Suite 2 City & State: _____
28 North Miami Zip: **29 33162** Country: **30 U.S.A.**

9. Name and Address of Current Registered Agent: **GRACE, DAWN E PICASSO TOWERS NINTH FLOOR 2800 BISCAYNE BLVD MIAMI FL 33137**

10. Name and Address of New Registered Agent: **81 Name: N/A**
82 Street Address (P.O. Box Number is Not Acceptable): N/A
83 City: N/A
84 City: N/A **85 Zip Code: FL**

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: _____
Signature of the principal place of business of registered agent or director: _____
Name of Registered Agent (signature required when recording): _____
Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GRACE, DAWN E		2. NAME: _____	
STREET ADDRESS: 20150 NE 3RD CT UNIT 7		3. STREET ADDRESS: _____	
CITY-ST-ZIP: NORTH MIAMI BEACH FL 33179		4. CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	2. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		2. NAME: _____	
STREET ADDRESS: _____		2.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		2.4 CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	3. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		3.2 NAME: _____	
STREET ADDRESS: _____		3.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		3.4 CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	4. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		4.2 NAME: _____	
STREET ADDRESS: _____		4.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		4.4 CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	5. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		5.2 NAME: _____	
STREET ADDRESS: _____		5.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		5.4 CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	6. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		6.2 NAME: _____	
STREET ADDRESS: _____		6.3 STREET ADDRESS: _____	
CITY-ST-ZIP: _____		6.4 CITY-ST-ZIP: _____	

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 recorder 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____
8-15-96 1(305) 944-6011

CR2E034 (12/95)