

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000092077 (3)**

1. Corporation Name  
**THOMAS F. RYAN P.A.**

607 235 5851



Principal Place of Business: **1803 AUSTRALIAN AVENUE SOUTH #A WEST PALM BEACH FL 33409**  
Mailing Address: **1803 AUSTRALIAN AVENUE SOUTH #A WEST PALM BEACH FL 33409**

3. Date Incorporated or Qualified: **12/04/1995**  
3a. Date of Last Report

2. Principal Place of Business  
21 **11891 U.S. Hwy One**  
Suite, Apt. #, etc.  
22 **Suite 201**  
City & State  
23 **North Palm Beach, FL**  
Zip  
24 **33408** Country  
25 **U.S.**  
2a. Mailing Address  
26 **11891 U.S. Hwy One**  
Suite, Apt. #, etc.  
27 **Suite 201**  
City & State  
28 **North Palm Beach, FL**  
Zip  
29 **33408** Country  
30 **U.S.**

4. FEI Number: **650618100**  
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**

**10. Name and Address of New Registered Agent**

**RYAN, THOMAS**  
**1803 AUSTRALIAN AVENUE SOUTH #A**  
**WEST PALM BEACH FL 33409**

81 Name: **Ryan, Thomas F., P.A.**  
82 Street Address (P.O. Box Number is Not Acceptable): **11891 U.S. Hwy One**  
83 Suite: **Suite 201**  
84 City: **North Palm Beach** FL 85 Zip Code: **33408**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its 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 (typed or printed name of registered agent and that of individual) (Date) (Registered Agent signature and date of filing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>Thomas F. Ryan</b> <input type="checkbox"/> DELETE	1. TITLE	<b>N/A</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>President</b>	2. NAME	
STREET ADDRESS	<b>11891 U.S. Hwy One Suite 201</b>	3. STREET ADDRESS	
CITY - ST - ZIP	<b>N.P.B. FL 33409</b>	4. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 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	4.1 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	5.1 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	6.1 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	

**600001869876**  Change  Addition  
**-06/20/96--01069--009**  
**\*\*\*225.00**

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President**

**7/13/96 (407) 671-1766**  
Date: \_\_\_\_\_

CR2E034 (12/95)

6/20/96