FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address 628 SW 5TH AVE

FT LAUDERDALE FL 33315-1024

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

FT LAUDERDALE FL 33315

628 SW 5TH AVE



appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

FILED

Apr 07 1997 8:00am

Secretary of State

1/97 56 368-1212

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000038531 (5)

JAMES P. MCDONALD, P.A.

3. Date Incorporated or Qualified 3a. Date of Last Report 04/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0668950 21 Not Applicable 26 Suite, Apl. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5,00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Ζιρ Country Zip This corporation has liability for intangible tax under s. 199.032, 25 Florida Statutes Yes I No 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MCDONALD, JAMES P 628 SW 5TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33315 83 Zip Code 84 City 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, type for punted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12 OFFICERS AND DIRECTORS 13. PRESIDENT, SMC. YTRMS. [] Change | Addition DELETE 1.1 TITLE THITLE JAMES P. McDONALD NAME 12 NAME 628 5N5 X AVE STREET ADDRESS 1.3 STREET ADDRESS FT LANDERDANS, FL 33315 CHTY-ST-ZIE 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-S1-ZIP CITY - ST - 7IP □ DELETE ☐ Change Addition THILE 3.1 TITLE 3.2 NAME NAME STREET ADORESS 3 3 STREET ADDRESS 3 4. CITY - ST - ZIP CHTY-ST-74P Change DELETE Addition 4.1 TITLE TIBLE NAMI 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS City-St-ZiP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST- 2IP 5.4 CITY - ST - ZIP Change Addition DELETE TITLE 6.1 TITLE 6.2 NAME NAM STHEEL ACIDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY - ST - 7IP 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