

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

FILED

**Apr 23 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 # P96000073671 (5)

1. Corporation Name
THOMAS JORDAN P.A.



Principal Place of Business
**4367 N FEDERAL HWY
OAKLAND PARK FL 33308**

Mailing Address
**4367 N FEDERAL HWY
OAKLAND PARK FL 33308-5213**

3. Date Incorporated or Qualified
09/05/1996

3a. Date of Last Report

2. Principal Place of Business
21 **2601 E. OAKLAND PK BLVD**

2a. Mailing Address
27 **THOMAS JORDAN P.A.
CERTIFIED PUBLIC ACCOUNTANT
2801 E OAKLAND PK BLVD STE 600
FORT LAUDERDALE FL 33308-1844**

4. FEI Number
65-0692743

Applied For
Not Applicable

22 **500** Suite, Apt. #, etc.

27 **THOMAS JORDAN P.A.
CERTIFIED PUBLIC ACCOUNTANT
2801 E OAKLAND PK BLVD STE 600
FORT LAUDERDALE FL 33308-1844** City, State, Zip

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **FORT LAUDERDALE** City & State

28 **FORT LAUDERDALE FL 33308-1844** City, State, Zip

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **33306** Zip

25 **BROWARD** Country

29 **30** Zip

30 **30** Zip

This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**JORDAN, THOMAS
4367 N FEDERAL HWY
OAKLAND PARK FL 33308**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **2601 E OAKLAND PK BLVD STE 600
FORT LAUDERDALE FL 33308-1844**
84 **FL** City 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 _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, THOMAS	1.2 NAME	2601 E OAKLAND PK BLVD # 500
STREET ADDRESS	4367 N FEDERAL HWY	1.3 STREET ADDRESS	FORT LAUDERDALE FL 33308-1844
CITY-ST-ZIP	OAKLAND PARK FL 33308	1.4 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	

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 on an attachment with an address.

SIGNATURE: *Thomas Jordan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/96)