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Feb 14 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 # P96000076214 (1)

1. Corporation Name
EILEEN MCDERMOTT, P.A.



Principal Place of Business: 1035 DEL HARBOR DR. DELRAY BEACH FL 33483-6509
Mailing Address: 1035 DEL HARBOR DR. DELRAY BEACH FL 33483-6509

3. Date incorporated or Qualified: 09/12/1996
3a. Date of Last Report: N/A
4. FEI Number: 65-0692767
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 [X] No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc
23. City & State
24. Zip Country

9. Name and Address of Current Registered Agent
MULLIN, JAMES G
2263 NW BOCA RATON BLVD., #205
POCA RATON FL 33431

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table with 12 rows for OFFICERS AND DIRECTORS. Row 1: Title D, Name MCDERMOTT, EILEEN, Street Address 1035 DEL HARBOR DR., City-ST-ZIP DELRAY BEACH FL 33483-6509. Other rows are empty with 'DELETE' checkboxes.

Table with 13 rows for ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows 1.1-6.4 are empty with 'Change' and 'Addition' checkboxes.

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, changed, or on an attachment with an address.

SIGNATURE: Eileen M. McDermott, P.A. Jan. 31, 1997 305 285 1850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)