

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

**APPROVED AND FILED**

**95 MAY -1 AM 8:07**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # S05879 (9)**

1. Corporation Name  
**LAW OFFICES OF DEBORAH A. CARMAN, P.A.**

Principal Place of Business      Mailing Address

**165 EAST PALMETTO PARK ROAD  
BOCA RATON FL 33432**      **165 EAST PALMETTO PARK ROAD  
BOCA RATON FL 33432**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      2a. Mailing Address

21      26

State, Apt # etc      State, Apt # etc

22      27

City & State      City & State

23      28

3. Date Incorporated or Qualified      3a. Date of Last Report

**10/09/1990**      **04/26/1994**

4. FEI Number      Applied For

**65-0226929**      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**

7. This corporation has liability for unpaid taxes under § 190.002, Florida Statutes      Yes  No

24      25      29      30

9. Name and Address of Current Registered Agent

**CARMAN, DEBORAH A. ESQ  
165 EAST PALMETTO PARK ROAD  
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City      FL      85. Zip Code

11. Pursuant to the provisions of Sections 607.05(2) 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 607.0405, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE      D

NAME      **CARMAN, DEBORAH A.**

STREET ADDRESS      **165 E. PALMETTO PK RD**

CITY, ST, ZIP      **BOCA RATON FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE       Change       Addition

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

15. TITLE

16. NAME

17. STREET ADDRESS

18. CITY, ST, ZIP

19. TITLE

20. NAME

21. STREET ADDRESS

22. CITY, ST, ZIP

23. TITLE

24. NAME

25. STREET ADDRESS

26. CITY, ST, ZIP

27. TITLE

28. NAME

29. STREET ADDRESS

30. CITY, ST, ZIP

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(1)(b), Florida Statutes. I further certify that the information published on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and shall confer credit that I am an officer or director of the corporation or the treasurer or founder empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR