

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S19008** (9)

1. Corporation Name

LYNNE LEAVY, P.A.



Principal Place of Business

**2300 GLADES ROAD
EAST TOWER, SUITE 205
BOCA RATON FL 33431
US**

Mailing Address

**16875 SILVE OAK COURT
DELRAY BEACH FL 33445
US**

3. Date Incorporated or Qualified
12/17/1990

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

16876 RIVER BIRCH CIRCLE

4. FEI Number
65-0251110

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State
DELRAY BEACH FL

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip
33445

Country
USA

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

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301**

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 607.0502 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

Signature (Typed or Printed Name of Registered Agent and the applicable

2001L Registered Agent's name and not when substituting

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD
LEAVY, LYNNE**
STREET ADDRESS **16875 SILVER OAK COURT**
CITY- ST- ZIP **DELRAY BEACH FL**

☐ Change ☐ Addition
PD
LEAVY, LYNNE
16876 RIVER BIRCH CIRCLE
DELRAY BEACH FL 33445

TITLE ☐ DELETE
NAME **ST
LEAVY, LYNNE**
STREET ADDRESS **16875 SILVER OAK COURT**
CITY- ST- ZIP **DELRAY BEACH FL**

☐ Change ☐ Addition
ST
LEAVY, LYNNE
16876 RIVER BIRCH CIRCLE
DELRAY BEACH FL 33445

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 it 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:

Lynne Leavy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lynne Leavy

407-338-8288
Daytime Phone #

CR2E034 (12/95)