

FILE NOW: FILING FEE AFTER MAY 1 IS \$215.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S24455** (5)
1. Corporation Name
JOSEPH F. WHITEHEAD, P.A.



Principal Place of Business: **5201 RAVENSWOOD RD SUITE 111 FT. LAUDERDALE FL 33312 US**
Mailing Address: **5201 RAVENSWOOD RD SUITE 111 FT. LAUDERDALE FL 33312 US**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
01/11/1991	03/27/1995
4. FEI Number	Applied For
65-0496758	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WHITEHEAD, JOSEPH F 5201 RAVENSWOOD RD SUITE 111 FT. LAUDERDALE FL 33312				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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, type or printed name of registered agent or director if applicable) _____ (Name of registered agent or director if applicable)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	WHITEHEAD, JOSEPH		2. NAME				
STREET ADDRESS	5201 RAVENSWOOD RD STE 111		3. STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		4. CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			6. NAME				
STREET ADDRESS			7. STREET ADDRESS				
CITY-ST-ZIP			8. CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			10. NAME				
STREET ADDRESS			11. STREET ADDRESS				
CITY-ST-ZIP			12. CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			14. NAME				
STREET ADDRESS			15. STREET ADDRESS				
CITY-ST-ZIP			16. CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			18. NAME				
STREET ADDRESS			19. STREET ADDRESS				
CITY-ST-ZIP			20. CITY-ST-ZIP				

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 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: *Joseph F. Whitehead* *Joseph F. Whitehead* 1/11/96 800-268-4298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Outside Phone #)

CR2E034 (12/95)