

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S24934** (9)

1. Corporation Name
JOSE E. LATOUR & ASSOCIATES, P.A.



Principal Place of Business: **500 E UNIVERSITY AVE SUITE D GAINESVILLE FL 32601 US**
Mailing Address: **500 E UNIVERSITY AVE SUITE D GAINESVILLE FL 32601 US**

2. Principal Place of Business:
21 **605 Lincoln Rd.** State, Apt. #, etc.
22 **420** City & State
23 **Miami Beach, FL**
24 **33139** Zip Country **US**
25 **US**
26 **605 Lincoln Rd.** State, Apt. #, etc.
27 **420** City & State
28 **Miami Beach, FL**
29 **33139** Zip Country **US**
30 **US**

3. Date Incorporated or Qualified: **01/14/1991** 3a. Date of Last Report: **04/03/1995**
4. FEI Number: **65-0238046** Applied For: Not Applicable
5. Contribution 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 No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
LATOUR, JOSE E. SUITE D STE A GAINESVILLE FL 32601

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **605 Lincoln Rd**
84 **Ste: 420**
85 **Miami Beach FL 33139**

11. I, the undersigned, being the proprietor of the above named corporation, hereby accept the appointment as registered agent of the corporation, and accept the obligations of Section 6.02(1)(b), Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LATOUR, JOSE E.	
STREET ADDRESS	2300 NW 23 STR	
CITY-STATE-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	234 S Coconut Ln.	
STREET ADDRESS	Miami Beach, FL 33139	
CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information appearing on this form is true and correct 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 proprietor thereof, and that my name appears in Block 12 or Block 13 (if change of or removal of name which applies).

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96 538891

CR2E034 (12/95)