

**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 # **S71053** (0)

1. Corporation Name  
**KATHLEEN A. PAPARELLA, P.A.**



Principal Place of Business  
**12765 W FOREST HILL BLVD  
SUITE 1302  
WELLINGTON FL 33414**

Mailing Address  
**12765 W FOREST HILL BLVD  
SUITE 1302  
WELLINGTON FL 33414**

3. Date Incorporated or Qualified <b>08/02/1991</b>	3a. Date of Last Report <b>04/07/1995</b>
4. FET Number <b>65-0274821</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>12773 W. Forest Hill Blvd</b>	26 <b>12773 W. Forest Hill Blvd</b>
Suite, Apt. #, etc. 22 <b>Suite 1201</b>	Suite, Apt. #, etc. 27 <b>Suite 1201</b>
City & State 23 <b>Wellington, FL</b>	City & State 28 <b>Wellington, FL</b>
Zip 24 <b>33414</b>	Zip 29 <b>33414</b>
Country 25 <b>USA</b>	Country 30 <b>USA</b>

9. Name and Address of Current Registered Agent

**PAPARELLA, KATHLEEN A.  
12765 W FOREST HILL BLVD  
SUITE 1302  
WELLINGTON FL 33414**

10. Name and Address of New Registered Agent

81 Name **Kathleen A. Paparella**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**12773 W. Forest Hill Blvd**  
83 **Suite 1201**  
84 City **Wellington** FL 85 Zip Code **33414**

11. Pursuant to the provisions of Sections 607.0502 and 607.1500, 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, Sections 607.0500, Florida Statutes.

SIGNATURE *Kathleen A. Paparella* **Kathleen A. Paparella** 3/26/96

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>PAPARELLA, KATHLEEN A</b>	
STREET ADDRESS	<b>12765 W FOREST HILL BLVD</b>	
CITY - ST - ZIP	<b>WELLINGTON FL</b>	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	<b>PAPARELLA, KATHLEEN A</b>	
STREET ADDRESS	<b>12765 W FOREST HILL BLVD</b>	
CITY - ST - ZIP	<b>WELLINGTON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>12773 W. Forest Hill Blvd #1201</b>
14 CITY - ST - ZIP	<b>Wellington, FL 33414</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>12773 W. Forest Hill Blvd #1201</b>
24 CITY - ST - ZIP	<b>Wellington, FL 33414</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 its trustee 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 of this report for an officer or director or trustee.

SIGNATURE: *Kathleen A. Paparella* **Kathleen A. Paparella** 3/26/96 (407) 798-0636

CR2E034 (12/95)