

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S74749** (0)

1. Corporation Name
CABANISS & BURKE, P.A.



Principal Place of Business: **800 N MAGNOLIA AVE SUITE 1800 ORLANDO FL 32802 US**
Mailing Address: **PO BOX 2513 ORLANDO FL 32802**

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

3. Date Incorporated or Qualified: **08/21/1991** 3a. Date of Last Report: **02/14/1995**
4. FEI Number: **59-3081148** Applied For: 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CABANISS, RONALD E.
800 N. MAGNOLIA AVE
ORLANDO FL 32802**

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Numbers Not Acceptable): 83 City: 84 State: **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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, THOMAS M	2. NAME	
STREET ADDRESS	800 N. MAGNOLIA AVE	3. STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	4. CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, FRANCIS M JR	6. NAME	
STREET ADDRESS	800 N. MAGNOLIA AVE	7. STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	8. CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LARRY D	10. NAME	
STREET ADDRESS	800 N. MAGNOLIA AVE	11. STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	12. CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLOS, CHRIS N	14. NAME	
STREET ADDRESS	800 N. MAGNOLIA AVE	15. STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	16. CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNCH, DEAN	18. NAME	
STREET ADDRESS	909 E PARK AVE	19. STREET ADDRESS	
CITY-STATE-ZIP	TALLAHASSEE FL	20. CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	de ARMAS, R DAVID	22. NAME	
STREET ADDRESS	800 N. MAGNOLIA AVE	23. STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL 32803	24. CITY-STATE-ZIP	

V
de ARMAS, R DAVID
800 N. MAGNOLIA AVE
ORLANDO FL 32803

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 addendum.

SIGNATURE: **FRANCIS M. McDONALD, Jr.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/96 **(407) 246-1800**

CR2E034 (12/95)