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Apr 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S87512 (7)

1. Corporation Name  
PATRICIA LOURMAIS, P.A.



Principal Place of Business  
309 LAKE AVENUE  
33460 WORTH FL 33460-3996  
US

Mailing Address  
309 LAKE AVENUE  
LAKE WORTH FL 33460-3906  
US

3. Date Incorporated or Qualified: 10/15/1991  
3a. Date of Last Report: 04/25/1996  
4. FEI Number: 65-0289788  
5. Certificate of Status Desired:  Applied For,  Not Applicable  
6. Election Campaign Financing Trust Fund Contribution:  \$8.75 Additional Fee Required,  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes,  No

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

9. Name and Address of Current Registered Agent

LOURMAIS, PATRICIA J.  
309 LAKE AVENUE  
LAKE WORTH FL 33480

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE:  DELETE  
NAME: LOURMAIS, PATRICIA  
STREET ADDRESS: 309 LAKE AVENUE  
CITY - ST - ZIP: LAKE WORTH FL

2. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

3. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

4. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

5. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

6. TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

1.1 TITLE:  Change  Addition  
1.2 NAME:  
1.3 STREET ADDRESS:  
1.4 CITY - ST - ZIP:

2.1 TITLE:  Change  Addition  
2.2 NAME:  
2.3 STREET ADDRESS:  
2.4 CITY - ST - ZIP:

3.1 TITLE:  Change  Addition  
3.2 NAME:  
3.3 STREET ADDRESS:  
3.4 CITY - ST - ZIP:

4.1 TITLE:  Change  Addition  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY - ST - ZIP:

5.1 TITLE:  Change  Addition  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY - ST - ZIP:

6.1 TITLE:  Change  Addition  
6.2 NAME:  
6.3 STREET ADDRESS:  
6.4 CITY - ST - ZIP:

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_ DATE: 4-11-97 DAYTIME PHONE #: 561-585-2530

CR2E034 (9/96)