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

PROFIT CORPORATION ANNUAL REPORT



FLOR:DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

•	1996	DIVISION OF C	CORPORATIONS					
DOCUN 1. Corporation	MENT # S931	89 (6)						
DAVID	FIELDS & CO., P.A.							
Principal Place	of Business	Mailing Address			I ISKI BIBIJ BIBIJ	JIDII DARII I	JUBIN ONDER HOOF	
100 WALLACI	E AVE.	100 WALLACE AVE.						
SUITE 130 SARASOTA F	EL 34237	SUITE 130 SARASOTA FL 34237						
ON PIOCINI	£ 01201	SAIMSOIN IL STESI		3. Date incorporated or Qualified	3a. Date o			
A Densinal Dia				11/01/1991	05/	01/199		_
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number 65-0292160			polied For lot Applicable	-
Suite, Apt. #	, etc.	Suite, Apt. #, etc.					Additional	-
22		27		Certificate of Status Desired			lequired	
City & State		City & State		6. Election Campaign Financing			May Be	
Zip	Country	Ζψ	Country	Trust Fund Contribution 8. This corporation has hability of the stability			to Fees	-
24	25	29	30		∏ No	under 5	199.002.	
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New R	egistered A	jent		_
EIE DA	DUAD		81 Name					
FIELDS, DAVID 3174 PEACHTREE STATE			82 Street Add	tress (P.O. Box Number is Not Acceptab	le)		<u>.</u>	7
	TA FL 34231		83					-
0.01.00			A					1
			84 City		FL	85 Zip	Code	
11. Pursuant to	o the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the above named corporation's to	bration submits this statement for the pur archef directors. Thereby accept the appe	pose of chan	ging its re	gistered office	'n
familiar witi	h, and accept the obligations of, Se	ection 607.0505, Florida Statutes	ary emicanponance a por	are or enectors. Thereby allegat the appli	ar ingili dis re	gistered a	agent. Fam	
SIGNATURE _	Signature: typed or printed happe of requiremental	Not appet the diameter as as as		and while and have a	DATE			1_
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI		IRECTOF	RS IN 12	CR2F034 (12/95)
TITLE	PS	DELETE	1 171/48			Change	☐ Addition	3
NAME	FIELDS, DAVID		1.2 NAME					됭
STREET ADDRESS	7107 ROLAND OAKS CR SARASOTA FL		1.3 STREET ADDRESS					Ĕ
CITY-ST-ZIP TITLE	SANASUIA FL	☐ DELETE	1.4 C(TY - ST - Z(P) 2.1 T(TLE			Change	Addition	- ĕ
NAME		E BEEFIE	2.2 NAME			Change	Madilbon	
STREET ADDRESS			2 3 STREET ADDRESS					
CITY-ST-ZIP			2 4 CITY - \$1 - ZIP					
TITLE		☐ DELETE	3 1 TIFLE			Change	-noitibbA -]
NAME			3 2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-SI-ZIP TITLE		DELETE	3.4 CITY - ST - ZIF 4. 1 TITLE			Change	Addition	
NAME		C Descrip	4.2 NAME			Change	□ Mudition	
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY - ST - ZIP					
TITLE		☐ DELETE	5 1 TITLE			Change	☐ Addition	1
NAME			5.2 NAMÉ					
STREET ADDRESS			5 3 STREE! ADDRESS					
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 5.1 TITLE		<u> </u>	Chance	T Additor	4
NAME		becelt	62 NAME		LJ	Change	Addition	
STREET ADDRESS			63 STREET ADDRESS					
CITY - ST - ZIP			6.4 C-TY - ST - ZIP					
	certify that the information supplie	a with this filing is voluntarily furnis		for the exemption stated in Section 119.	07(3)(k). Elorio	a Statute	s I further	1

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 charged, or on an argument ent with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chaptering Progress #