

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V02272 (5)

1. Corporation Name

JAMES D. FULLER, P.A.



Principal Place of Business

6300 N.E. FIRST AVENUE
STE 203
FT LAUDERDALE FL 33334

Mailing Address

6300 N.E. FIRST AVENUE
STE 203
FT LAUDERDALE FL 33334

2. Principal Place of Business

21 10 FAIRWAY DRIVE

Suite, Apt. #, etc.

22 STE. 122

City & State

23 DEERFIELD BEACH FL

Zip

24 33441

Country

25 US

2a. Mailing Address

26 10 FAIRWAY DRIVE

Suite, Apt. #, etc.

27 STE 122

City & State

28 DEERFIELD BEACH FL

Zip

29 33441

Country

30 US

3. Date Incorporated or Qualified

12/20/1991

3a. Date of Last Report

03/13/1995

4. FEI Number

65-0302861

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

FULLER, JAMES D
6300 N.E. FIRST AVENUE
SUITE 203
FT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name

JAMES D. FULLER

82 Street Address (P.O. Box Number is Not Acceptable)

10 FAIRWAY DRIVE

83

STE 122

84 City

DEERFIELD BEACH FL

85 Zip Code

33441

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

Signature of officer or director, or registered agent, and the date.

Signature of Registered Agent, and the date.

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME FULLER, JAMES D ESQ.
STREET ADDRESS 6300 NE FIRST AVE #203
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Add on

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

10 FAIRWAY DRIVE STE 122
DEERFIELD BEACH FL 33441

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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:

JAMES D. FULLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-01-96

954-725 9922

Date Day/Month/Year

CR2E034 (12/95)