

2-17-97 B-1953 C
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Feb 17 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 # V10097 (6)

1. Corporation Name
DENNIS J. CARY, P.A.

Principal Place of Business
500 E BROWARD BLVD
SUITE 1050
FT LAUDERDALE FL 33394

Mailing Address
500 E BROWARD BLVD
SUITE 1050
FT LAUDERDALE FL 33394-3005

3. Date Incorporated or Qualified 01/29/1992	3a. Date of Last Report 04/26/1996
4. FEI Number 65-0307988	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 370 W. Camino Gardens Blvd Suite, Apt. #, etc. 22 Suite 210 City & State 23 Boca Raton, FL Zip 24 33432	2a. Mailing Address 26 370 W. Camino Gardens Blvd Suite, Apt. #, etc. 27 Suite 210 City & State 28 Boca Raton, FL Zip 29 33432	Country 25 USA 30 USA.
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9. Name and Address of Current Registered Agent CARY, DENNIS J 500 E BROWARD BLVD SUITE 1050 FT LAUDERDALE FL 33394	10. Name and Address of New Registered Agent 81 Name Cary, Dennis J 82 Street Address (P.O. Box Number is Not Acceptable) 370 W. Camino Gardens Blvd. 83 Suite 210 84 City Boca Raton FL 85 Zip Code 33432
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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: *Dennis J. Cary* (NOTE: Registered Agent signature required when reinstating) DATE: 2/11/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME CARY, DENNIS J STREET ADDRESS 500 E BROWARD BLVD #1050 CITY - ST - ZIP FT LAUDERDALE FL	<input type="checkbox"/> DELETE	1.1 TITLE D 1.2 NAME Cary, Dennis J 1.3 STREET ADDRESS 370 W. Camino Gardens Blvd #210 1.4 CITY - ST - ZIP Boca Raton, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dennis J. Cary* DATE: 2/11/97 (561) 416-2880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)