

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V14269 (7)

1. Corporation Name

ROSEMARY K. DOOLEY, C.P.A., P.A.



Principal Place of Business

**91551 OVERSEAS HWY
TAVERNIER FL 33070**

Mailing Address

**88511 OVERSEAS HWY
STE 2
TAVERNIER FL 33070
US**

3. Date Incorporated or Qualified
02/14/1992

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

21 **88511 OVERSEAS Hwy**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

TAVERNIER FL

27 Suite, Apt. #, etc.

28 City & State

29 Zip

24 Zip

33070

25 Country

MONROE

30 Zip

31 Country

32

4. FEI Number

65-0305693

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fees 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

10. Name and Address of New Registered Agent

**DOOLEY, ROSEMARY K.
91551 OVERSEAS HWY
TAVERNIER FL 33070**

81 Name

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

88511 OVERSEAS HWY

83

Suite 2

84 City

TAVERNIER

FL

85 Zip Code

33070

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P DOOLEY, ROSEMARY K**
STREET ADDRESS **161 TEQUESTA ST**
CITY-ST-ZIP **TAVERNIER FL**

TITLE ☒ DELETE

NAME **S GUY, CHERYL**
STREET ADDRESS **91440 015 HWY**
CITY-ST-ZIP **TAVERNIER 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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:

Rosemary K. Dooley **ROSEMARY K DOOLEY** 4/25/96 (305) 852-1109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)