

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V16805** (6)

1. Corporation Name
PAINE & SUSMAN, P.A.



Principal Place of Business: **1200 N FEDERAL HWY SUITE 200 BOCA RATON FL 33432**
Mailing Address: **JEFFERY A PAINE PA 1800 S AUSTRALIAN AVE STE 205 WEST PALM BEACH FL 33409 US**

3. Date Incorporated or Qualified: **02/25/1992** 3a. Date of Last Report: **06/02/1995**
4. FEI Number: **65-0513973** Applied For: Not Applicable:
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$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 **500 So Australian Ave** Suite, Apt. #, etc.: 27 **120** City & State: 28 Zip: 29 **33401** Country: 30

9. Name and Address of Current Registered Agent
**PAINE, JEFFREY
1200 N FEDERAL HWY
SUITE 200
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: **FL** 85 Zip Code:

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]* Date: **7-30-96**

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE <input type="checkbox"/>
NAME	PAINE, JEFFREY A	
STREET ADDRESS	1800 S. AUSTRALIAN AVE. #205	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	D	DELETE <input type="checkbox"/>
NAME	SUSMAN, GERALD S	
STREET ADDRESS	C/O 1800 S. AUSTRALIAN AVE. #205	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
12 NAME	PAINE, Jeffrey	
13 STREET ADDRESS	500 S. AUSTRALIAN AVE. #120	
14 CITY-ST-ZIP	WEST PALM BEACH FL 33401	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
21 TITLE	D	Change <input type="checkbox"/> Addition <input type="checkbox"/>
22 NAME	Susman, Gerald S	
23 STREET ADDRESS	500 S. AUSTRALIAN AVE. #120	
24 CITY-ST-ZIP	WEST PALM BEACH FL 33401	Change <input type="checkbox"/> Addition <input type="checkbox"/>
31 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>
41 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>
51 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>
61 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Date: **7-30-96** 407-655-8966

CR2E034 (3/96)