

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 # **V52530** (5)

1. Corporation Name

**PAYNE & AUSTIN, P.A.**



Principal Place of Business

Mailing Address

**6950 CYPRESS RD.  
SUITE 101  
PLANTATION FL 33317**

**6950 CYPRESS RD.  
SUITE 101  
PLANTATION FL 33317**

2. Principal Place of Business

2a. Mailing Address

21 **6950 Cypress Rd**  
Suite, Apt. #, etc

26 **Suite 101**  
Suite, Apt. #, etc

22 **Plantation FL**  
City & State

27 **SAME**  
City & State

23 **33317**  
Zip

28 **Brwd.**  
Country

24 **33317**  
Zip

29 **Brwd.**  
Country

9. Name and Address of Current Registered Agent

**AUSTIN, C. RANDALL  
6950 CYPRESS ROAD  
SUITE 101  
PLANTATION FL 33317**

3. Date Incorporated or Qualified

**06/29/1992**

3a. Date of Last Report

**01/30/1995**

4. FET Number

**65-0344112**

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. 193.032  
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

**D.N.A.**

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

83

84 City

**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 of Registered Agent (if not the same as the corporation's registered agent, the signature of the registered agent must be provided.)

(If the corporation is a foreign corporation, the signature of the registered agent must be provided.)

DATE

12. OFFICERS AND DIRECTORS

|                 |                             |                                 |
|-----------------|-----------------------------|---------------------------------|
| TITLE           | <b>P</b>                    | <input type="checkbox"/> DELETE |
| NAME            | <b>AUSTIN, C. RANDALL</b>   |                                 |
| STREET ADDRESS  | <b>8032 LAKE POINTE CT.</b> |                                 |
| CITY - ST - ZIP | <b>PLANTATION FL</b>        |                                 |
| TITLE           | <b>VST</b>                  | <input type="checkbox"/> DELETE |
| NAME            | <b>PAYNE, D. MARK</b>       |                                 |
| STREET ADDRESS  | <b>9334 S.W. 1ST ST.</b>    |                                 |
| CITY - ST - ZIP | <b>PLANTATION FL</b>        |                                 |
| TITLE           |                             | <input type="checkbox"/> DELETE |
| NAME            |                             |                                 |
| STREET ADDRESS  |                             |                                 |
| CITY - ST - ZIP |                             |                                 |
| TITLE           |                             | <input type="checkbox"/> DELETE |
| NAME            |                             |                                 |
| STREET ADDRESS  |                             |                                 |
| CITY - ST - ZIP |                             |                                 |
| TITLE           |                             | <input type="checkbox"/> DELETE |
| NAME            |                             |                                 |
| STREET ADDRESS  |                             |                                 |
| CITY - ST - ZIP |                             |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**C. Randall Austin, President** 6/6/96 7925400 (454)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)