

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # V56714 (1) 1. Corporation Name NANCY S. PALMER, P.A.



Principal Place of Business 213 FLAME AVE MAITLAND FL 32751 Mailing Address 213 FLAME AVE MAITLAND FL 32751

2. Principal Place of Business 21 Sube Apt. #, etc 22 City & State 23 Zip Country 25 26 27 28 29 30

3. Date incorporated or Qualified 08/06/1992 3a. Date of Last Report 03/31/1995 4. FEI Number 59-3144592 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 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent PALMER, NANCY S. 213 FLAME AVE MAITLAND FL 32751 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0419 and 607.1508, Florida Statutes, the above named corporation submits the 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 607.033, Florida Statutes.

SIGNATURE DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996

Table with 12 rows for officers/directors and 13 rows for additions/changes. Columns include Title, Name, Street Address, City-St-Zip, and checkboxes for Delete, Change, and Addition.

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the presumption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information provided on this and my 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 or assigned 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 addition to the address.

SIGNATURE: [Signature] PRINTED NAME OF SIGNATURE OFFICER OR DIRECTOR NANCY S. PALMER, President

4-10-96 447 266 8957

CR2E034 (12/95)