

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V62331**

(6)

1. Corporation Name

CATHY HAMILTON, P.A.



Principal Place of Business

Mailing Address

**6406 SW 152 CIR PL
MIAMI FL 33183
US**

**6406 SW 152 CIR PL
MIAMI FL 33183
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/04/1992

3a. Date of Last Report

07/06/1995

4. FEI Number

65-0356606

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

**HAMILTON, CATHY
1635 W 44TH PLACE
APARTMENT 412
HIALEAH FL 33012**

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 607.0502 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 based on printed name of Registered Agent or Director

Signature based on printed name of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

☐ DELETE

NAME

**D
HAMILTON, CATHY
1635 W 44TH PLACE
HIALEAH FL**

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

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY- ST- ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY- ST- ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY- ST- ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY- ST- ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY- ST- ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/96 (205) 383 1893
Daytime Phone #

CR2E034 (12/95)