

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

PROFESSIONAL CORPORATION
ANNUAL REPORT
1996



DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V63503** (9)

JOHN A. SCHWERER, D.M.D., P.A.



706 S. 6TH STREET
FORT PIERCE FL 34950

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21	21a	22	22a	23	23a	24	24a	25	25a	26	26a	27	27a	28	28a	29	29a	30

9. Name and Address of Current Registered Agent

SCHWERER, JOHN A.
706 SOUTH 6TH STREET
FORT PIERCE FL 34950

3. Date Incorporated or Qualified: **09/08/1992**

3a. Date of Last Report: **01/26/1995**

4. EIN Number: **65-0361347**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

8. This corporation has liability for multiple tax entities: Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (if Different from 9) (if Applicable)

83

84 City

FL 85 Zip Code

11. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a resident of this state. I am not a director, officer, or shareholder of the corporation.

12. ADDITIONAL REGISTERED AGENTS

PST	SCHWERER, JOHN A.	4215 GATOR TRACE AVE.	FORT PIERCE FL	D	SCHWERER, JOHN A.	4215 GATOR TRACE AVE.	FORT PIERCE FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

PST	SCHWERER JOHN A	R.O. Box 4491	Ft PIERCE FL 34948	D	SCHWERER JOHN A	R.O. Box 4491	Ft PIERCE FL 34948

14. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a resident of this state. I am not a director, officer, or shareholder of the corporation.

SIGNATURE: *John A. Schwerer* JOHN A SCHWERER 1/15/96 (407) 461-7323

CR2E034 (12/95)