

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V69353**

(3)

1. Corporation Name

LOUISA SMITH-ADAM, P.A.

Principal Place of Business

**625 N FLAGLER DR
STE 509
W PALM BEACH FL 33401**

Mailing Address

**625 N FLAGLER DR
STE 509
W PALM BEACH FL 33401**



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

**SMITH-ADAM, LOUISA
625 N FLAGLER DR
STE 509
W PALM BEACH FL 33401**

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 607.0609, Florida Statutes.

SIGNATURE

Signature of the person filing this report (must be an officer or director)

Signature of the person filing this report (must be an officer or director)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	[] DELETE
PST	SMITH-ADAM, LOUISA	625 N FLAGLER DR #509	W PALM BEACH FL	
D	SMITH-ADAM, LOUISA	625 N FLAGLER DR #509	W PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	[] Change	[] Addition

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated to be a director's 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, and that I am not employed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13.

SIGNATURE:

SIGNATURE AND FULLY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louisa Smith Adam
LOUISA SMITH ADAM 4/1/96 (407) 55-1727

CR2E034 (12/95)