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Apr 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 601734 (7)  
1. Corporation Name  
SCOTT, ROYCE, HARRIS, BRYAN, BARRA & JORGENSEN, P.A.



Principal Place of Business: 4400 PGA BLVD, STE 800, PALM BEACH FL 33410 US  
Mailing Address: 4400 PGA BLVD, STE 800, PALM BEACH FL 33410-6561 US

3. Date Incorporated or Qualified: 12/05/1969  
3a. Date of Last Report: 04/15/1996  
4. FEI Number: 59-1280698  
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

2. Principal Place of Business: 21 Suite, Apt #, etc.; 22 City & State: PALM BEACH GARDENS; 23 Zip: [redacted]; Country: [redacted]  
2a. Mailing Address: 26 Suite, Apt #, etc.; 27 City & State: SAME; 28 Zip: [redacted]; Country: [redacted]

9. Name and Address of Current Registered Agent  
ROYCE, RAYMOND W  
4400 PGA BOULEVARD, SUITE 800  
PALM BCH. GDNS. FL 33410

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City: FL; B5 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	HARRIS, JAMES R	
STREET ADDRESS	4400 PGA BOULEVARD, SUITE 800	
CITY - ST - ZIP	PALM BCH. GDNS. FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROYCE, RAYMOND W	
STREET ADDRESS	4400 PGA BOULEVARD, SUITE 800	
CITY - ST - ZIP	PALM BCH. GDNS. FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	BRYAN, JOHN L JR	
STREET ADDRESS	4400 PGA BOULEVARD SUITE 800	
CITY - ST - ZIP	PALM BCH. GDNS. FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BARRA, RICHARD K	
STREET ADDRESS	4400 PGA BOULEVARD, SUITE 800	
CITY - ST - ZIP	PALM BCH GDNS. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JORGENSEN, JOHN M	
STREET ADDRESS	4400 PAG BOULEVARD, SUITE 800	
CITY - ST - ZIP	PALM BCH GDNS FL	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard K Barra* 1/23/97 561-624-3900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)