
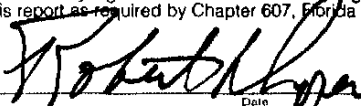


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 05 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 # 602316 (2) 1. Corporation Name ALLEN, DYER, DOPPELT, MILBRATH & GILCHRIST, P.A.					
Principal Place of Business 255 SOUTH ORANGE AVENUE SUITE 1401 ORLANDO FL 32802 US			Mailing Address ONE S. ORANGE AVENUE, SUITE 600 PO BOX 3781 ORLANDO FL 32802-3781		
2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 08/05/1970 3a. Date of Last Report 04/09/1996 4. FEI Number 59-1288851 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ALLEN, HERBERT L. 255 SOUTH ORANGE AVE., SUITE 1401 ORLANDO FL 32802			10. Name and Address of New Registered Agent 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: typed or printed name of registered agent and title. (Applicable) (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOPPELT, AVA K.		1.2 NAME		
STREET ADDRESS	255 SOUTH ORANGE AVE., SUITE 1401		1.3 STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL		1.4 CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, HERBERT L		2.2 NAME		
STREET ADDRESS	255 SOUTH ORANGE AVE., SUITE 1401		2.3 STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL		2.4 CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILBRATH, STEPHEN D.		3.2 NAME		
STREET ADDRESS	255 SOUTH ORANGE AVE., SUITE 1401		3.3 STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL		3.4 CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DYER, ROBERT		4.2 NAME		
STREET ADDRESS	255 SOUTH ORANGE AVE., SUITE 1401		4.3 STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL		4.4 CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANJOLA, GOERGE		5.2 NAME		
STREET ADDRESS	255 SOUTH ORANGE AVE., SUITE 1401		5.3 STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL		5.4 CITY - ST - ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILCHRIST, BRIAN R.		6.2 NAME		
STREET ADDRESS	255 SOUTH ORANGE AVE., SUITE 1401		6.3 STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL		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: 			DATE: 1/30/97 407 841-2330		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)