

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

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Apr 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F89322 (4)**

1. Corporation Name  
**ALTMAN, MEDER, LAWRENCE, HILL, INC.**



Principal Place of Business <b>5601 MARINER STREET, STE 210 TAMPA FL 33609-3416 US</b>	Mailing Address <b>5601 MARINER STREET, STE 210 TAMPA FL 33609-3438 US</b>
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2. Principal Place of Business <b>500 N. West Suite 525, Shore Blvd.</b>	2a. Mailing Address <b>500 N. West Shore Blvd.</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State <b>Tampa, FL</b>	27. City & State <b>Tampa, FL</b>
23. Zip <b>33609-1973</b>	28. Zip <b>33609-1973</b>
24. Country	29. Country

3. Date Incorporated or Qualified <b>07/01/1982</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2200009</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ALTMAN, ANN  
5601 MARINER ST, STE 210  
TAMPA FL 33609-0418**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	<b>500 N. West Shore Blvd.</b>
83. Suite, Apt. #, etc.	<b>Suite 525</b>
84. City	<b>Tampa</b>
85. Zip Code	<b>FL 33609-1973</b>

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	VD	<input type="checkbox"/> DELETE
NAME	MEDER, SCHUYLER	
STREET ADDRESS	1540 GULF BLVD. #202	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALTMAN, ANN	
STREET ADDRESS	5601 MARINER STREET, 210	
CITY - ST - ZIP	TAMPA, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HILL, LISA	
STREET ADDRESS	1915 LUZERNE AVENUE	
CITY - ST - ZIP	SILVER SPRING MD	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LAWRENCE, ROBIN	
STREET ADDRESS	14 HUNTER PLACE	
CITY - ST - ZIP	CROTON-ON-HUDSON NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>500 N. West Shore Blvd., Suite 525</b>
2.4 CITY - ST - ZIP	<b>Tampa, FL 33609-1973</b>
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: Ann Altman ANN ALTMAN Date: 3/28/97 (813) 286-0782

CR2FC04 (9/96)