

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

FILED

Jan 16 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 # G67718 (8)
1. Corporation Name
ZIMMERMAN, SHUFFIELD, KISER & SUTCLIFFE, P.A.



Principal Place of Business
**315 E. ROBINSON, SUITE 600
P.O. BOX 3000
ORLANDO FL 32802**

Mailing Address
**ATTN: U D MORGAN
P.O. BOX 3000
ORLANDO FL 32802-3000
US**

3. Date Incorporated or Qualified **10/27/1983** 3a. Date of Last Report **02/06/1996**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 **ATTN: W.C. Shuffield**
27 Suite, Apt. #, etc.
27 **P.O. Box 3000**
28 **Orlando, FL**
29 Zip
30 **32802-3000**
31 Country
US

4. FEI Number **59-2339047** Applied For Not Applicable

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

9. Name and Address of Current Registered Agent
**SHUFFIELD, W. CHARLES
315 E. ROBINSON, SUITE 600
ORLANDO, FLORID 32801**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ZIMMERMAN, BERNARD J	
STREET ADDRESS	315 E ROBINSON ST	
CITY - ST - ZIP	ORLANDO FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SHUFFIELD, W CHARLES	
STREET ADDRESS	315 E ROBINSON ST	
CITY - ST - ZIP	ORLANDO FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KISER, WENDELL J	
STREET ADDRESS	315 E ROBINSON ST	
CITY - ST - ZIP	ORLANDO FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SUTCLIFFE, ROLAND A	
STREET ADDRESS	315 E ROBINSON ST	
CITY - ST - ZIP	ORLANDO FL	
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 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: *W. Charles Shuffield* 1-8-97 (407) 425-7010
W. Charles Shuffield DATE DAYTIME PHONE #

CR2E034 (9/96)