

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G94133** (7)

1. Corporation Name
SMOOT ADAMS EDWARDS & GREEN, P.A.



Principal Place of Business
**12800 UNIVERISTY DRIVE, STE 600
P O BOX 06259
FT MYERS FL 33907**

Mailing Address
**12800 UNIVERISTY DRIVE, STE 600
P O BOX 06259
FT MYERS FL 33907**

3. Date Incorporated or Qualified **03/30/1984** 3a. Date of Last Report **01/18/1995**

4. FEI Number **59-2397224** 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

2. Principal Place of Business 2a. Mailing Address

21. State, Apt. #, etc. 26. State, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent
**GREEN, BRUCE D.
12800 UNIVERSITY DR, STE 600
FT. MYERS FL 33907**

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 607.002 and 617.1506, 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 607.003, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	PD	11. TITLE	CEO/D
12. NAME	SMOOT, J. TOM, JR.	12. NAME	Edwards, Charles B.
13. STREET ADDRESS	12800 UNIVERSITY DR, 600	13. STREET ADDRESS	12800 University Dr., 600
14. CITY, ST, ZIP	FT MYERS FL	14. CITY, ST, ZIP	Ft. Myers, FL
15. TITLE	SD	15. TITLE	V/D
16. NAME	CLARK, THOMAS P.	16. NAME	Cheffer, Michael Brian
17. STREET ADDRESS	12800 UNIVERSITY DR. #600	17. STREET ADDRESS	12800 University Dr., 600
18. CITY, ST, ZIP	FT. MYERS FL	18. CITY, ST, ZIP	Ft. Myers, FL
19. TITLE	VD	19. TITLE	S/T/D
20. NAME	GREEN, BRUCE D.	20. NAME	Green, Bruce D.
21. STREET ADDRESS	12800 UNIVERSITY DR.--#600	21. STREET ADDRESS	12800 University Dr., 600
22. CITY, ST, ZIP	FT. MYERS FL	22. CITY, ST, ZIP	Ft. Myers, FL
23. TITLE	DV	23. TITLE	V/D
24. NAME	ADAMS, HAL	24. NAME	Crevasse, Clay
25. STREET ADDRESS	12800 UNIVERSITY DR, 600	25. STREET ADDRESS	12800 University Dr., 600
26. CITY, ST, ZIP	FT MYERS FL	26. CITY, ST, ZIP	Ft. Myers, FL
27. TITLE	VDT	27. TITLE	V/D
28. NAME	WINER, STEVEN I.	28. NAME	Winer, Steve I.
29. STREET ADDRESS	12800 UNIVERSITY DR, 600	29. STREET ADDRESS	12800 University Dr., 600
30. CITY, ST, ZIP	FT MYERS FL	30. CITY, ST, ZIP	Ft. Myer, FL
31. TITLE	VD	31. TITLE	
32. NAME	KOMRAY, MARK R.	32. NAME	
33. STREET ADDRESS	12800 UNIVERSITY DR.--#600	33. STREET ADDRESS	
34. CITY, ST, ZIP	FT. MYERS FL	34. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is 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 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 manager 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 of this report, or on an attached sheet with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)