

6700

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

FILED

Apr 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 # K19469 (1)

1. Corporation Name
MONACO, SMITH, HOOD, PERKINS, LOUCKS & STOUT, P. A.

Principal Place of Business % DAVID A. MONACO P O BOX 15200 DAYTONA BEACH FL 32115	Mailing Address % DAVID A. MONACO P O BOX 15200 DAYTONA BEACH FL 32115-5200
---	--



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/24/1988	3a. Date of Last Report 02/23/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2880513	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	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 MONACO, DAVID A. 444 SEABREEZE BLVD. SUITE 900 DAYTONA BEACH FL 32018	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input type="checkbox"/> DELETE	1.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONACO, DAVID A.	1.2 NAME	Orfinger, Michael S.
STREET ADDRESS	444 SEABREEZE BLVD STE 900	1.3 STREET ADDRESS	444 Seabreeze Blvd., Suite 900
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP	Daytona Beach, FL 32118
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOOD, CHARLES DAVID JR	2.2 NAME	Selis, Scott A.
STREET ADDRESS	444 SEABREEZE BLVD STE 900	2.3 STREET ADDRESS	444 Seabreeze Blvd., Suite 900
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	Daytona Beach, FL 32118
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKINS, TERENCE R.	3.2 NAME	
STREET ADDRESS	444 SEABREEZE BLVD STE 900	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOUT, LARRY R	4.2 NAME	
STREET ADDRESS	444 SEABREEZE BLVD STE 900	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	4.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUCKS, WILLIAM E	5.2 NAME	
STREET ADDRESS	444 SEABREEZE BLVD STE 900	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH. FL	5.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	6.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JR H	6.2 NAME	
STREET ADDRESS	444 SEABREEZE BLVD., SUITE 900	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH 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:  4/8/97 904/254-6875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William E. Loucks, Director

Date

Daytime Phone #

CR2E034 (9/96)