


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 29 1998 8:00am  
 Secretary of State

0008005

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000000183 (4)**  
 1. Corporation Name  
**ACADEMY OF FLORIDA ELDER LAW ATTORNEYS, INC.**

Principal Place of Business 1217 PONCE DE LEON BLVD CLEARWATER FL 34616	Mailing Address 1217 PONCE DE LEON BLVD CLEARWATER FL 34616
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2. Principal Place of Business 21 641 N. Rio Grande Ave. Suite, Apt. #, etc.	2a. Mailing Address 26 641 N. Rio Grande Ave. Suite, Apt. #, etc.
22 City & State 23 Orlando, FL 32805	27 City & State 28 Orlando, FL 32805
24 Zip 25 Country	29 Zip 30 Country

3. Date Incorporated or Qualified 01/14/1993	
4. FEI Number 65-0281151	Applied For <input type="checkbox"/> Not Applicable
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**RARRI, RAYMOND L**  
 1217 PONCE DE LEON BLVD.  
 CLEARWATER FL 34616

10. Name and Address of New Registered Agent  
 81 Name  
**Greatwood, Richard N.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**641 N. Rio Grande Avenue**  
 83  
 84 City  
**Orlando** **FL** 85 Zip Code  
**32805**

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.  
 SIGNATURE *Richard N. Greatwood* **Richard N. Greatwood** **7-20-98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DK</b> <b>ROSENKRIVIZ, JACK M.</b> <b>412 E MADISON ST., SUITE 900 P.O BOX 1989</b> <b>TAMPA FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RE</b> <b>GREATWOOD, RICHARD N.</b> <b>641 N RIO GRANDE AVE</b> <b>ORLANDO FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOOK, JOAN NELSON</b> <b>4918 FLORANAR TER</b> <b>NEW PORT RICHEY FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROBINSON, CHARLIE F. Morgan, Rebecca C.</b> <b>410 S LINCOLN AVE 1401 61st Street</b> <b>CLEARWATER FL St. Petersburg, FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MS</b> <b>SOLKOFF, SCOTT</b> <b>1800 HILLSBORO BLVD., SUITE 211</b> <b>DEERFIELD BEACH FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILSTEIN, RICHARD G. Shalloway, G. Mark</b> <b>ONE SE 3RD AVE., SUITE 20 FL 1665 Palm Bch</b> <b>MAMI FL W. Palm Bch, FL Lks Blvd#1003</b>	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>P</b> <b>Trombley, Michael J.</b> <b>329 S. Commerce Ave.</b> <b>Sebring, FL 33870</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>D</b> <b>Kerney, Sheri Lund</b> <b>1516 E. Hillcrest St., Ste. 210</b> <b>Orlando, FL 32803</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>D</b> <b>Rezanka, Thomas W.</b> <b>84650 US Hwy. 19 N, Ste. 207</b> <b>Palm Harbor, FL 34684</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>D</b> <b>Waldoch, Laughlin T.</b> <b>215 S. Monroe St., Ste 701/P.O. Box 1876</b> <b>Tallahassee, FL 32302-1876</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>D</b> <b>Osterhout, Julianna R.</b> <b>10174-5 Six Mile Cypress Pkwy.</b> <b>Ft. Myers, FL 33912</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>D</b> <b>George, Joseph P.</b> <b>500 Whitehead St.</b> <b>Key West, FL 33040</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.  
 SIGNATURE: *Richard N. Greatwood* **Richard N. Greatwood, Treasurer**  
 Date: **7-20-98** Daytime Phone #: **407-426-7107**

CR2E037 (5/98)