

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 10:44

DOCUMENT # P94000015920 (9)

1. Corporation Name

FLORIDA LAWYERS NETWORK, INC.

Principal Place of Business	Mailing Address
1819 HENDRICKS AVE. JACKSONVILLE FL 32207	1819 HENDRICKS AVE. JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/28/1994	3a. Date of Last Report N/A
4. FEI Number 59-3232596	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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GUIDI, DENNIS E 1819 HENDRICKS AVE. JACKSONVILLE FL 32207		B1. Name	
		B2. Street Address (P.O. Box Number is Not Acceptable)	
		B3. City	
		B4. City	FL B5. 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 resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUIDI, DENNIS E	12. NAME	Robert M. Harris
STREET ADDRESS	1819 HENDRICKS AVE.	13. STREET ADDRESS	1819 Hendricks Ave.
CITY-ST-ZIP	JACKSONVILLE FL 32207	14. CITY-ST-ZIP	Jacksonville, FL 32207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		21. TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22. NAME	Alan E. Rosner
STREET ADDRESS		23. STREET ADDRESS	1819 Hendricks Ave
CITY-ST-ZIP		24. CITY-ST-ZIP	Jacksonville, FL 32207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		31. TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32. NAME	David M. Dunlap
STREET ADDRESS		33. STREET ADDRESS	1819 Hendricks Ave.
CITY-ST-ZIP		34. CITY-ST-ZIP	Jacksonville, FL 32207 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(e), Florida Statutes. I further certify that the information indicated on this filing 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 (change), or is an attachment to this filing.

SIGNATURE: Chris E. Dunlap 2-8-95 904-398-900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year)