

Jan 15 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 # P94000089696 (6)

1. Corporation Name  
A DUI DEFENSE WEST, P.A.



Principal Place of Business: 5401 W KENNEDY BLVD SUITE 1061 TAMPA FL 33609  
Mailing Address: 5401 W KENNEDY BLVD SUITE 1061 TAMPA FL 33609-2450

3. Date Incorporated or Qualified: 12/12/1994  
3a. Date of Last Report: 04/12/1996

2. Principal Place of Business: 5100 W. KENNEDY BLVD #105 TAMPA, FLORIDA 33609 Hillsborough  
2a. Mailing Address: 5100 W. KENNEDY BLVD #105 TAMPA, FLORIDA 33609 Hillsborough

4. FEI Number: 59-3287456  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$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: RIVERA, HECTOR J 5401 W KENNEDY BLVD SUITE 1061 TAMPA FL 33609

10. Name and Address of New Registered Agent: 81 Name: RIVERA, HECTOR J. 82 Street Address: 5100 W KENNEDY BLVD 83 SUITE #105 84 City: TAMPA, FL 85 Zip Code: 33609

11. Pursuant to the provisions of Sections 607.0302 and 607.1505, 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: *[Signature]* DATE: 1/10/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	RIVERA, HECTOR J	
STREET ADDRESS	5401 W KENNEDY BLVD SUITE 1061	
CITY - ST - ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RIVERA, HECTOR J.	
1.3 STREET ADDRESS	5100 W KENNEDY BLVD SUITE #105	
1.4 CITY - ST - ZIP	TAMPA, FLORIDA 33609	
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: *[Signature]* DATE: 1/10/97 (813) 284-2384  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)