

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000001713 (3)

1. Corporation Name
WARREN GROUP, INC.



Principal Place of Business: 599 ATLANTIC BLVD ATLANTIC BEACH FL 32233
Mailing Address: 599 ATLANTIC BLVD ATLANTIC BEACH FL 32233

3. Date Incorporated or Qualified: 01/01/1995
3a. Date of Last Report: [Blank]
4. FEI Number: 59-3291334 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 [x] No

2. Principal Place of Business: 21 [Blank] 22 [Blank] 23 [Blank] 24 [Blank]
2a. Mailing Address: 26 [Blank] 27 [Blank] 28 [Blank] 29 [Blank]
25 [Blank] 30 [Blank]

9. Name and Address of Current Registered Agent
**BRADLEY, TODD L
1 INDEPENDENT DR
SUITE 2600
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent
81 Name: **BALL, John S.**
82 Street Address (P.O. Box Number is Not Acceptable): **1 Independent Drive**
83 Suite 2600
84 City: **Jacksonville** FL 85 Zip Code: **32202**

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: *John S. Ball* DATE: 2/29/96
Signature of the person named as registered agent and, if applicable, (NOTE: Registered Agent Signature required when consisting)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WARREN, ROBERT	
STREET ADDRESS	1619 INDIAN SPRINGS DR	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARREN, PATRICIA	
STREET ADDRESS	1619 INDIAN SPRINGS DR	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
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/VP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WARREN, Robert	
1.3 STREET ADDRESS	1619 Indian Springs Dr.	
1.4 CITY-ST-ZIP	Jacksonville, FL 32246	
2.1 TITLE	D/P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WARREN, Patricia	
2.3 STREET ADDRESS	1619 Indian Springs Dr.	
2.4 CITY-ST-ZIP	Jacksonville, FL 32246	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Patricia S. Warren* DATE: 2/20/96 DAYTIME PHONE: (904) 241-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)