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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

STREET ADDRESS

SIGNATURE:

appears in Block 12 or Block 13 if changed

CITY - ST - ZIE



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 13 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000097467 (1)

THE FLORIDA C.P.A. GROUP, INC.

111 SECOND AVE., N.E., SUITE 1403 111 SECOND AVE., N.E., SUITE 1403 ST. PETERSBURG FL 33701-3443 ST. PETERSBURG FL 33701-3480 3. Date Incorporated or Qualified 3a. Date of Last Report 01/01/1996 2. Principal Place of Business 2a. Mailing Address FEI Numbe Applied For Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** 23 28 Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Country Ζφ No No Yes 24 25 30 Florida Statutes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GASSMAN, ALAN S ESQ. 1245 COURT STREET, SUITE 102 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34616** В3 84 Zip Code 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 reg stered 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 1 am fam liar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: typed or presed name of registered agent and tide if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE TITLE HEVIA. DANIEL NAME 12 NAME 111 SECOND AVE., N.E., SUITE 1403 1.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33701-3443 1.4 CITY - ST - ZIP CITY-ST-ZiP DELETE Change Addition 2.1 TITLE TITLE BEAGLES, RICHARD NAME 2.2 NAME 111 SECOND AVE., N.E., SUITE 1403 2.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33701-3443 2. 4 CITY - ST - ZIP CHIY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE THUE 3.2 NAME NAME **33 STREET ADDRESS** STREET ADDRESS 34. CITY-ST-ZIP CITY - S1 - ZIP DELETE Change Addition 41 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST- 2IP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - \$1 - 7(P) Addition DELETE Change TITLE 6.1 TITLE NAME 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

or on an attachment with an address