


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

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Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000046212 (2)

1. Corporation Name
PYSZKA, DOUBERLEY, BLACKMON, LEVY & SAVOLA, P.A.

Principal Place of Business
2665 S BAYSHORE DR
GRAND BAY PLAZA, 5TH FL
MIAMI FL 33133

Mailing Address
2665 S BAYSHORE DR
GRAND BAY PLAZA, 5TH FL
MIAMI FL 33133-5448

3. Date Incorporated or Qualified 05/31/1996	3a. Date of Last Report
4. FEI Number 65-0671148	Applied For 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 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	30

9. Name and Address of Current Registered Agent

PYSZKA, GERARD E
2665 S BAYSHORE DR
GRAND BAY PLAZA, 5TH FL
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PYSZKA, GERARD	
STREET ADDRESS	2665 S BAYSHORE DR	
CITY - ST - ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOUBERLEY, WILLIAM M	
STREET ADDRESS	2665 S BAYSHORE DR	
CITY - ST - ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLACKMON, PHILLIP D JR	
STREET ADDRESS	2665 S BAYSHORE DR	
CITY - ST - ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVY, BENJAMIN D	
STREET ADDRESS	2665 S BAYSHORE DR	
CITY - ST - ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAVOLA, L H	
STREET ADDRESS	2665 S BAYSHORE DR	
CITY - ST - ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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: *Benjamin Levy* 2/7/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____

CR2E034 (9/96)