


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

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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000063357 (3)

1. Corporation Name
JOHNSON & WILLIAMS, P.A.



Principal Place of Business: 5405 DIPLOMAT CIRCLE STE 223 ORLANDO FL 32810
Mailing Address: 5405 DIPLOMAT CIRCLE STE 223 ORLANDO FL 32810-5814

3. Date Incorporated or Qualified: 07/26/1996
3a. Date of Last Report: [Blank]
4. FEI Number: 59-3400945
Applied For: [Blank]
Not Applicable: [Blank]
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 [] No

2. Principal Place of Business: 21 111 N. ORANGE AVE, 22 1445, 23 ORLANDO, FL, 24 32801, 25 USA
2a. Mailing Address: 26 111 N. ORANGE AVE, 27 1445, 28 ORLANDO, FL, 29 32801, 30 USA

9. Name and Address of Current Registered Agent
WILLIAMS, MARC R
5405 DIPLOMAT CIRCLE STE 223
ORLANDO FL 32810

10. Name and Address of New Registered Agent
81 Name: STEVEN M. JOHNSON
82 Street Address (P.O. Box Number is Not Acceptable): 111 N. ORANGE AVE, STE 1445
83 [Blank]
84 City: ORLANDO, FL, 85 Zip Code: 32801

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: [Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, STEVEN M	
STREET ADDRESS	5405 DIPLOMAT CIRCLE STE 223	
CITY - ST - ZIP	ORLANDO FL 32810	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, MARC R	
STREET ADDRESS	5405 DIPLOMAT CIRCLE STE 223	
CITY - ST - ZIP	ORLANDO FL 32810	
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	JOHNSON, STEVEN M	
1.3 STREET ADDRESS	111 N. ORANGE AVE, STE 1445	
1.4 CITY - ST - ZIP	ORLANDO FL 32801	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILLIAMS, MARC R	
2.3 STREET ADDRESS	111 N. ORANGE AVE, STE 1445	
2.4 CITY - ST - ZIP	ORLANDO FL 32810	
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97

Date Daytime Phone #

CR2E034 (9/96)