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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

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

4. FEI Number: 59-3400945
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 No

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
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)