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Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 1. Corporation Name: **53419**  
**DOUGLASS A. PERSON CPA, P.A.**

Principal Place of Business: **1790 Hwy A1A Suite # 202 SATELLITE BEACH FL 32937**  
Mailing Address: **1790 Hwy A1A Suite #202 SATELLITE BEACH FL 32927**

2. Principal Place of Business: **21 1790 HWY A1A Suite, Apt. #, etc: SUITE # 202 City & State: SATELLITE BEACH FL Zip: 32937 Country: USA**  
2a. Mailing Address: **26 1790 HWY A1A Suite, Apt. #, etc: SUITE 202 City & State: SATELLITE BEACH FL Zip: 32937 Country: USA**

3. Date Incorporated or Qualified: **7/27/92**  
3a. Date of Last Report:   
4. FEI Number: **59-3135073** 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: **PERSON, DOUGLASS A. 1790 HWY A1A SUITE 202 SATELLITE BEACH, FL 32937**

10. Name and Address of New Registered Agent: **81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83: 84 City: FL 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: *Douglas A. Person* **DOUGLASS A. PERSON Director 4/22/97**  
(NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>Director</b>	<input type="checkbox"/> DELETE
NAME	<b>DOUGLASS A. PERSON</b>	
STREET ADDRESS	<b>1790 HWY A1A, SUITE 202</b>	
CITY-ST-ZIP	<b>SATELLITE BEACH FL 32937</b>	
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	<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	

**500002161535**  
**-05/01/97--01026--040**  
**\*\*\*165.00**

14. I, an officer or director of the corporation, 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: *Douglas A. Person* **DOUGLASS A. PERSON 4/22/97 407-779-0703**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)