


**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90067 039 \*\*\*\*61.25

ANNUAL REPORT <b>1999</b>		 Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>706635</b>			
1. Corporation Name <b>THE ACADEMY OF FLORIDA TRIAL LAWYERS, INC.</b>			
Principal Place of Business <b>218 SOUTH MONROE STREET TALLAHASSEE FL 32301-1824</b>		Mailing Address <b>218 SOUTH MONROE STREET TALLAHASSEE FL 32301-1824</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country	
3. Date Incorporated or Qualified <b>12/31/1963</b>		4. FEI Number <b>59-1291221</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing <input type="checkbox"/>		<input type="checkbox"/> Trust Fund Contribution <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>CARRUTHERS, SCOTT 218 SOUTH MONROE ST. TALLAHASSEE FL 32301</b>		10. Name and Address of New Registered Agent <b>81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code</b>	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and side if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROSELLI, RICHARD</b>	1.2 NAME	<b>LANCE BLOCK</b>
STREET ADDRESS	<b>700 SE THIRD ST., STE 100</b>	1.3 STREET ADDRESS	<b>2139 PALM BEACH LAKES BLVD</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	1.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33402</b>
TITLE	<b>SB</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROTH, NEAL A.</b>	2.2 NAME	
STREET ADDRESS	<b>2665 S BAYSHORE DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>UGGIO, JEFFREY M.</b>	3.2 NAME	
STREET ADDRESS	<b>213 SOUTHERN BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARRUTHERS, SCOTT</b>	4.2 NAME	
STREET ADDRESS	<b>218 S. MONROE ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>IMMEDIATE PAST PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KEHALER, JAMES</b>	5.2 NAME	
STREET ADDRESS	<b>390 N. ORANGE AVE., STE 1500</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>MARK CLARK</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>515 N. FLAGLER DR. SUITE 1000</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Scott Carruthers*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**REQUIRED 5/5/99 224-9403**

Date

Daytime Phone #

CR2E037 (1/98)