
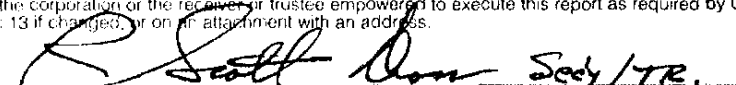


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 485298 (4)</b>					
1. Corporation Name <b>MATTHIES, CROSS, DEBOISBLANC &amp; ROBBINS, P.A.</b>					
Principal Place of Business <b>21 NORTH MAGNOLIA AVE. OCALA FL 32670</b>			Mailing Address <b>21 NORTH MAGNOLIA AVE. OCALA FL 34475-6629</b>		
2. Principal Place of Business 21 <b>108 N. Magnolia Ave, Ste 101</b> Suite, Apt. #, etc. 22 City & State 23 <b>Ocala, FL 34475</b> Zip 24 <b>34475</b> Country 25 <b>Marion</b>		2a. Mailing Address 26 <b>P.O. Box 2470</b> Suite, Apt. #, etc. 27 City & State 28 <b>Ocala, FL 34478</b> Zip 29 <b>34478</b> Country 30 <b>Marion</b>		3. Date Incorporated or Qualified <b>10/01/1975</b>	
				3a. Date of Last Report <b>01/23/1996</b>	
		4. FEI Number <b>59-1618409</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>CROSS, R SCOTT 21 NORTH MAGNOLIA AVE. OCALA FL 32670</b>			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 <b>108 N. MAGNOLIA AVE, SUITE 101 OCALA FL 34475</b>		
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	P	NAME	MATTHIES, ERIC F.	STREET ADDRESS	1429 S.E. 14 AVE.
CITY-ST-ZIP	OCALA FL				
TITLE	ST	NAME	CROSS, R. SCOTT	STREET ADDRESS	6696 S.W. 17TH TERRACE ROAD
CITY-ST-ZIP	OCALA FL				
TITLE	VP	NAME	DEBOISBLANC, JUDITH A	STREET ADDRESS	1429 SE 14TH AVENUE
CITY-ST-ZIP	OCALA FL				
TITLE	VP	NAME	ROBBINS, S. SUE	STREET ADDRESS	1308 SE 19TH STREET
CITY-ST-ZIP	OCALA FL				
TITLE		NAME		STREET ADDRESS	
CITY-ST-ZIP					
TITLE		NAME		STREET ADDRESS	
CITY-ST-ZIP					
TITLE		NAME		STREET ADDRESS	
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		1.2 NAME		1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP		2.1 TITLE		2.2 NAME	
2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		3.1 TITLE	
3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
4.1 TITLE		4.2 NAME		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		5.1 TITLE		5.2 NAME	
5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		6.1 TITLE	
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:  1/9/97 (352) 732-3925					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <b>R. Scott Cross</b>					

CR2E034 (9/96)