

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 511548 (0)

1. Corporation Name
N. DAVID KORONES, ATTORNEY AT LAW, P.A.



Principal Place of Business 1245 COURT ST. SUITE 104 CLEARWATER FL 34616	Mailing Address 1245 COURT ST. SUITE 104 CLEARWATER FL 34616-5856
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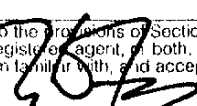
3. Date Incorporated or Qualified 09/01/1976	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 26750 US 19 N. 22 Suite, Apt. #, etc. 104 23 City & State CLEARWATER, FL 24 Zip 34621 25 Country USA	2a. Mailing Address 26 SAME 27 Suite, Apt. #, etc. NAME 28 City & State SAME 29 Zip SAME 30 Country SAME
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4. FEI Number 59-1687247	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent KORONES, N. DAVID 1245 COURT ST SUITE 104 CLEARWATER FL 34616	10. Name and Address of New Registered Agent 81 Name N. DAVID KORONES 82 Street Address (P.O. Box Number is Not Acceptable) 26750 US 19 N., STE 104 83 84 City CLEARWATER FL 85 Zip Code 34621
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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  DATE 4/16/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PS	<input type="checkbox"/> DELETE	1.1 TITLE P.S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KORONES, N. DAVID		1.2 NAME KORONES, N. DAVID	
STREET ADDRESS 1245 COURT ST, #104		1.3 STREET ADDRESS 26750 US 19 N., STE 104	
CITY-ST-ZIP CLEARWATER FL		1.4 CITY-ST-ZIP CLEARWATER, FL. 34621	
TITLE TD	<input type="checkbox"/> DELETE	2.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KORONES, N. DAVID		2.2 NAME KORONES, N. DAVID	
STREET ADDRESS 1245 COURT ST, #104		2.3 STREET ADDRESS 26750 US 19 N., STE 104	
CITY-ST-ZIP CLEARWATER FL		2.4 CITY-ST-ZIP CLEARWATER, FL. 34621	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE:  DATE 4/16/97 DAYTIME PHONE 813/724-1011

CR2E034 (9/96)