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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 511548

1, Corporation Name

(0)

N. DAVID KORONES, ATTORNEY AT LAW, P.A.

FILED May 02 1997 8:00am Secretary of State

Principal Place 245 COURT S SUITE 104 CLEARWATER		Mailing Address 1245 COURT ST. SUITE 104 CLEARWATER FL 34616-50	356	3. Date Incorporated or Qualified	3a. Date of Last Report
				09/01/1976	05/01/1996
っ つんつ	lace of Business	2a. Mailing Address	2	4. FEI Number	Applied For
267. Su te. Apt	50 US 19 N,	26 714 Suite, Apt. #, etc.	.5	59-1687247	Not Applicable
Bute, the	104	27 Ada	AE	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stale	PUNTER PLI	City & State	L. P	6. Election Campaign Financing	\$5.00 May Be
Zin	Country	28 	Country	Trust Fund Contribution	Added to Fees
346	21 25 USA	29 SME	30 5 AME	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes :: No
	9. Name and Address of Currer			10. Name and Address of New Reg	Istered Agent
KOP	RONES, N. DAVID		B1 Name	N. DAVID KORONES	
124	5 COURT ST		82 Street Ac	Idress (P.O. Box Number is Not Acceptable	
	TE 104			6750 4519 No.	>7E 104
CLE	ARWATER FL 34616		83		
			84 City #		85 Zio Code
				LGARWATER	FL 34621
11. Pursuare office or r	to the provincing of Sections 607.050	02 and 607.1508, Florida Statut	es, the above-named country and by the corns	orporation submits this statement for the puration's board of directors. I hereby accep	rpose of changing its registered
agent La	egiste of agent, by both, in the state om tamil in with, and accept the oblig	gations of, Section 607.0505, Flo	autriorized by the corpo- orida Statutes.	ration's board of directors, i hereby accep	the appointment as registered
agentro	/			**	
•	900			4/	16/97
•	Signature, typed or printed name of registered ag		E Registered Agent signature re		16/97 OKTE
GNATURE	OFFICERS AN	ID DIRECTORS	E Registered Agent signature re	ADDITIONS/CHANGES TO OFFIC	
IGNATURE 2.	OFFICERS AN		E Registered Agent signature re		
IGNATURE 2.	OFFICERS AN PS KORONES, N. DAVID	ID DIRECTORS	E Repistered Agent signature re 13. 1.1 YILE 1.2 NAME	ADDITIONS/CHANGES TO OFFICE P. S. KORANES , N. DAJI	Change Addition
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4. 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 inducated on this ambiguity 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 conjunction 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97

813/724-101