


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 25 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 # 557842 (2) 1. Corporation Name CARTER, BELCOURT & ATKINSON, P.A.			
Principal Place of Business 500 S FLORIDA AVE 8 FLR LAKELAND FL 33801-5271 US		Mailing Address 500 S FLORIDA AVE 8 FLR LAKELAND FL 33801-5271 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent MURVIN, RICHARD H 500 S FL AVE LAKELAND FL 33801		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 500 S. FL AVE, 8TH FLOOR 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	VD RICHARD A. BORDE
NAME	MCBRIDE, JR. J	1.2 NAME	
STREET ADDRESS	500 S FL AVE 8TH FLOOR	1.3 STREET ADDRESS	122 W. CENTRAL AVE. 33880
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	WINTER HAVEN FL
TITLE	CD	2.1 TITLE	VD
NAME	ATKINSON, RONALD C.	2.2 NAME	LEWELLYN N. BELCOURT
STREET ADDRESS	500 S FL AVE 8TH FLOOR	2.3 STREET ADDRESS	500 S. FLORIDA AVE, 8TH FLOOR
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	PTD	3.1 TITLE	VD
NAME	MURVIN, RICHARD H	3.2 NAME	DAVID L. MULLINS
STREET ADDRESS	500 S. FL AVE 8TH FLOOR	3.3 STREET ADDRESS	500 S. FLORIDA AVE, 8TH FLOOR
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	VD	4.1 TITLE	
NAME	ADAMSON, ERIC B	4.2 NAME	
STREET ADDRESS	500 S. FL AVE 8TH FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	FISK, ALAN C	5.2 NAME	
STREET ADDRESS	500 S. FL AVE 8TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	
NAME	GROSSMAN, JAMES E	6.2 NAME	
STREET ADDRESS	500 S. FL AVE 8TH FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	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: Richard H. Murvin		7/17/97 941-687-4010	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone # 0082126	

CR2E034 (4/97)