

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **562397** (0)

1. Corporation Name
G. CRAIG SORIA, P.A.



Principal Place of Business
**2201 RINGLING BLVD #102
 SARASOTA FL 34237**

Mailing Address
**2201 RINGLING BLVD #102
 SARASOTA FL 34237**

21	2201 Ringling Blvd Suite 103	26	Suite, Apt. #, etc.	SUITE 103
22	SARASOTA, FL	27	City & State	
23	Zip	28	Country	
24	34237	25	USA	

3. Date Incorporated or Qualified	03/20/1978	3a. Date of Last Report	01/13/1995
4. FEI Number	59-1794746	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 type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**SORIA, GILBERT CRAIG
 2201 RINGLING BLVD #102
 SARASOTA FL 34237**

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

FL

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0506, Florida Statutes.

SIGNATURE _____ (Name of Registered Agent or Registered Agent's Firm)
 _____ (Name of Registered Agent or Registered Agent's Firm)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P SORIA, G. CRAIG	<input type="checkbox"/> DELETE	1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2201 RINGLING BLV., #102		2. NAME		
STREET ADDRESS	SARASOTA FL		3. STREET ADDRESS	SUITE 103	
CITY, ST, ZIP			4. CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE	5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6. NAME		
STREET ADDRESS			7. STREET ADDRESS		
CITY, ST, ZIP			8. CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE	9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			10. NAME		
STREET ADDRESS			11. STREET ADDRESS		
CITY, ST, ZIP			12. CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE	13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			14. NAME		
STREET ADDRESS			15. STREET ADDRESS		
CITY, ST, ZIP			16. CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE	17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			18. NAME		
STREET ADDRESS			19. STREET ADDRESS		
CITY, ST, ZIP			20. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: G. Craig Soria
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-96
 991-365-5855
 Enclave Florida

CR2E034 (12/95)