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FILED  
Jan 27 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 # 591593 (9)

1. Corporation Name  
BYRON R. MCKINLEY, P.A.

Principal Place of Business  
1645 SOUTHEAST THIRD COURT  
DEERFIELD BEACH FL 33441

Mailing Address  
1645 SOUTHEAST THIRD COURT  
DEERFIELD BEACH FL 33441-4418



3. Date Incorporated or Qualified 10/30/1978  
3a. Date of Last Report 03/12/1996

|                                |                     |  |                                |
|--------------------------------|---------------------|--|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number  | Applied For                    |
| 21                             | 26                  | 59-1859881   | Not Applicable                 |
| 22                             | 27                  | 5. Certificate of Status Desired                       | \$8.75 Additional Fee Required |
| 23                             | 28                  | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees    |
| 24                             | 25                  | 29   | 30                             |
| Zip                            | Country             | Zip  | Country                        |
| 24                             | 25                  | 29   | 30                             |

9. Name and Address of Current Registered Agent

MC KINLEY, BYRON R.  
1645 SOUTHEAST THIRD COURT  
DEERFIELD BEACH, FLORIDA D 33441

10. Name and Address of New Registered Agent

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 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                      | PD                   | 1.1 TITLE   |            |
| NAME                       | MCKINLEY, BYRON R    | 1.2 NAME  |            |
| STREET ADDRESS             | 4315 TRANQUILITY DR  | 1.3 STREET ADDRESS                                    |            |
| CITY - ST - ZIP            | HIGHLAND BCH. FL     | 1.4 CITY - ST - ZIP                                   | 33487-4217 |
| TITLE                      | VST                  | 2.1 TITLE   |            |
| NAME                       | MCKINLEY, GLADYS H.  | 2.2 NAME  |            |
| STREET ADDRESS             | 4315 TRANQUILITY DR. | 2.3 STREET ADDRESS                                    |            |
| CITY - ST - ZIP            | HIGHLAND BCH. FL     | 2.4 CITY - ST - ZIP                                   | 33487-4217 |
| TITLE                      |                      | 3.1 TITLE   |            |
| NAME                       |                      | 3.2 NAME  |            |
| STREET ADDRESS             |                      | 3.3 STREET ADDRESS                                    |            |
| CITY - ST - ZIP            |                      | 3.4 CITY - ST - ZIP                                   |            |
| TITLE                      |                      | 4.1 TITLE   |            |
| NAME                       |                      | 4.2 NAME  |            |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |            |
| CITY - ST - ZIP            |                      | 4.4 CITY - ST - ZIP                                   |            |
| TITLE                      |                      | 5.1 TITLE   |            |
| NAME                       |                      | 5.2 NAME  |            |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |            |
| CITY - ST - ZIP            |                      | 5.4 CITY - ST - ZIP                                   |            |
| TITLE                      |                      | 6.1 TITLE   |            |
| 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 on an attachment with an address.

SIGNATURE: *Byron R. McKinley* BYRON R. MCKINLEY 1-15-97 (954) 424-1760  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)