

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 13 1997 8:00am
Secretary of State

DOCUMENT # 597222 (9)
1. Corporation Name
PAXTON, CROW, BRAGG, SMITH & KEYSER, P.A.



Principal Place of Business
1615 FORUM PLACE
STE. 600
WEST PALM BEACH FL 33401

Mailing Address
1615 FORUM PLACE
STE. 500
WEST PALM BEACH FL 33401-2318

3. Date Incorporated or Qualified 12/09/1978	3a. Date of Last Report 04/05/1996
4. FEI Number 59-1866203	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
LIOCE, DOMENICK R.
1645 PALM BEACH LAKES BLVD.
STE. 1200
WEST PALM BCH. FL 33401

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. 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	
TITLE	P
NAME	BRAGG, MORGAN S.
STREET ADDRESS	3999 71ST AVE. SOUTH
CITY-ST-ZIP	LANTANA FL
TITLE	V
NAME	SMITH, CLARK W.
STREET ADDRESS	1040 89TH STREET
CITY-ST-ZIP	W PALM BCH. FL
TITLE	ST
NAME	CROW, DAVID F.
STREET ADDRESS	8102 DAMASOUS DR.
CITY-ST-ZIP	PALM BCH. Gdns. FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VICE PRESIDENT
1.2 NAME	
1.3 STREET ADDRESS	3425 BUCKINGHAMMOCK
1.4 CITY-ST-ZIP	VERO BEACH FL 33960
2.1 TITLE	S, T
2.2 NAME	
2.3 STREET ADDRESS	194 THORNTON DRIVE
2.4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33418
3.1 TITLE	PRESIDENT
3.2 NAME	
3.3 STREET ADDRESS	120 E. HAMPTON WAY
3.4 CITY-ST-ZIP	JUPITER FL 33458
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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 reports 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

CR2E034 (9/96)