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Jan 14 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 # 600655 (5)

1. Corporation Name
THE STANLEY WINES LAW FIRM, P.A.

Principal Place of Business
60 SECOND ST.,S.E.
P.O. BOX 860
WINTER HAVEN FL 33882-7860

Mailing Address
60 SECOND ST.,S.E.
P.O. BOX 860
WINTER HAVEN FL 33882-0660



3. Date Incorporated or Qualified 11/29/1968
3a. Date of Last Report 01/19/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1229942		Applied For	
21		26				Not Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27					
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28					
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30				

9. Name and Address of Current Registered Agent

BENNETT, BARRY W
60 SECOND ST.,S.E.
WINTER HAVEN FL 33882

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD BENNETT, BARRY W	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	60 SECOND ST.,S.E.	1.2 NAME	
STREET ADDRESS	WINTER HAVEN FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	PD WINES, MASON J	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	60 SECOND ST.,S.E.	2.2 NAME	
STREET ADDRESS	WINTER HAVEN FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	VD SPANJERS, CRAIG M	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	60 SECOND ST.,S.E.	3.2 NAME	
STREET ADDRESS	WINTER HAVEN FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	TD MURPHY, MICHAEL B	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	60 SECOND ST.,S.E.	4.2 NAME	
STREET ADDRESS	WINTER HAVEN FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	SD HELMS, LARRY S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	60 SECOND ST.,S.E.	5.2 NAME	
STREET ADDRESS	WINTER HAVEN FL	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

B. W. Bennett, Vice-President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97 (941) 299-1263
Date Daytime Phone #

CR2E034 (9/96)