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Mar 03 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 # 600677 (9)
 1. Corporation Name
WITTEN & WITTEN, P.A.

Principal Place of Business: **Witten & Witten, 223 W. Adams Street, Jacksonville, FL 32202**
 Mailing Address: **Edwin Presser, 4417 Beach Boulevard, Suite 310, Jacksonville, FL 32207**

2. Principal Place of Business: 21
 2a. Mailing Address: 26 **4417 Beach Boulevard**
 22. State, Apt. #, etc.: 27 **Suite 310**
 23. City & State: 28 **Jacksonville, Florida**
 24. Zip: 25 Country: 29 **32207** 30 **USA**

3. Date Incorporated or Qualified: **12/18/1968**
 3a. Date of Last Report: **04/25/96**
 4. FEI Number: **59-1225912**
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
Edwin Presser, 4417 Beach Boulevard, Suite 310, Jacksonville, FL 32207

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

TITLE	PDS	<input type="checkbox"/> DELETE
NAME	Witten, Paul J. D.M.D	
STREET ADDRESS	223 W. Adams Street	
CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	V	<input type="checkbox"/> DELETE
NAME	Witten, Andrew, L.	
STREET ADDRESS	223 West Adams Street	
CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	700002103687
54 CITY-ST-ZIP	-03/04/97--01075--001
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	***165.00
64 CITY-ST-ZIP	

14. I 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 included in 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, unchanged, or on an attachment with an address.

SIGNATURE: **Paul J. Witten, President** Date: **2/26/97** Day: **904-356-0012**

CR2E034 (9/96)