

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

DOCUMENT # 600908

(8)

1. Corporation Name

STANLEY M. WIENER M D P A

Principal Place of Business

1257 S TAMAMI TRAIL
2ND FLR. SUITE 1257
SARASOTA FL 34239-2208
US

Mailing Address

1257 S TAMAMI TRAIL
2ND FLR. SUITE 1257
SARASOTA FL 34239-2219
US

2. Principal Place of Business

21

2a. Mailing Address

Suite, Apt. #, etc.

22

26 Suite, Apt. #, etc.

City & State

23

27 City & State

Zip

24

Country

25 Zip

29

30 Country

9. Name and Address of Current Registered Agent

WIENER, STANLEY M
1257 S. TAMAMI TRAIL
SARASOTA FL 34239

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

PSD

NAME

WIENER, STANLEY M

STREET ADDRESS

1257 S TAMAMI TR

CITY - ST - ZIP

SARASOTA FL

DELETE

11. TITLE

Change Addition

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

TITLE

DELETE

21. TITLE

Change Addition

NAME

22. NAME

STREET ADDRESS

23. STREET ADDRESS

CITY - ST - ZIP

24. CITY - ST - ZIP

TITLE

DELETE

3.1 TITLE

Change Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY - ST - ZIP

3.4 CITY - ST - ZIP

TITLE

DELETE

4.1 TITLE

Change Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY - ST - ZIP

4.4 CITY - ST - ZIP

TITLE

DELETE

5.1 TITLE

Change Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY - ST - ZIP

5.4 CITY - ST - ZIP

TITLE

DELETE

6.1 TITLE

Change Addition

NAME

6.2 NAME

STREET ADDRESS

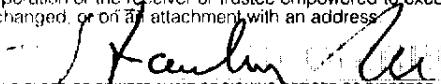
6.3 STREET ADDRESS

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 28 1997 8:00am
Secretary of State



3. Date Incorporated or Qualified
03/27/1969

3a. Date of Last Report
03/01/1996

4. FEI Number
59-1234550

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution
 \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes
 Yes No

CR2E034 (9/96)

Date: 01/20/97 Daytime Phone #: