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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # 601395 (7)

1. Corporation Name

Zisser, Robison, Brown, & Nowlis, P.A.

Principal Place of Business	Mailing Address
1200 RiverPlace Blvd. Suite 630 Jacksonville, FL 32207	1200 RiverPlace Blvd. Suite 630 Jacksonville, FL32207

3. Date Incorporated or Qualified: 9/15/1969

3a. Date of Last Report: 4/18/1996

2. Principal Place of Business	2a. Mailing Address
21 One Independent Dr.	26 One Independent Dr.
Suite, Apt. #, etc. 22 Suite 3306	Suite, Apt. #, etc. 27 Suite 3306
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip: 24 32202 Country: 25 Duval	Zip: 29 32202 Country: 30 Duval

4. FEI Number: 59-127622 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Zisser, Barry L. 1200 RiverPlace Blvd., Suite 630 Jacksonville, Fl 32207 (NEW ADDRESS ONLY)	81 Name: Zisser, Barry L. 82 Street Address (P.O. Box Number is Not Acceptable): One Independent Dr., Suite 3306 83 84 City: Jacksonville FL 85 Zip Code: 32202

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

Signature, type or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Zisser, Barry L. 1200 RiverPlace Blvd., #630 Jacksonville, FL 32207 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition One Independent Dr., #3306 Jacksonville, FL 32202
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Zisser, Elliot 1200 RiverPlace Blvd., #630 Jacksonville, FL 32207 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition One Independent Dr., #3306 Jacksonville, FL 32202
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Brown, Donald E. 1200 RiverPlace Blvd., #630 Jacksonville, FL 32207 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition One Independent Dr., #3306 Jacksonville, FL 32202
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Nowlis, Nancy N. 1200 RiverPlace Blvd., #630 Jacksonville, FL 32207 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition One Independent Dr., #3306 Jacksonville, FL 32202
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☒ Addition 4/28/97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 200002159892 -04/30/97--01022--027 ***165.00

CR2E034 (9/96)

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: _____ 4/18/97 904-353-3222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Barry L. Zisser