

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

FILED

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
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DOCUMENT # 605119 (7)
1. Corporation Name
YOUNG, VAN ASSENDERP AND VARNADOE, P.A.



Principal Place of Business	Mailing Address
225 S. ADAMS ST. SUITE 200 POST OFFICE BOX 1833 TALLAHASSEE FL 32301	225 S. ADAMS ST. SUITE 200 POST OFFICE BOX 1833 TALLAHASSEE FL 32301-1771

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/30/1974	03/05/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		59-1480346	Not Applicable
24 Country		30 Country		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		10. Name and Address of New Registered Agent	
YOUNG, ROY C 225 S. ADAMS ST. ST. 200 SUITE 200 TALLAHASSEE FL 32301		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	1.1 TITLE	
NAME	VARNA DOE, GEORGE L.	1.2 NAME	
STREET ADDRESS	801 LAUREL OAK DR. #300	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	VAN ASSENDERP, H. KENZA	2.2 NAME	
STREET ADDRESS	225 S. ADAMS ST #200	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	COOK, DAVID L.	3.2 NAME	
STREET ADDRESS	225 S. ADAMS ST #200	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	
NAME	YOUNG, ROY C	4.2 NAME	
STREET ADDRESS	225 S. ADAMS ST #200	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	BUFORD, TASHA O	5.2 NAME	
STREET ADDRESS	225 SO ADAMS STR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	
NAME	ANDERSON, R BRUCE	6.2 NAME	
STREET ADDRESS	801 LAUREL OAK DR STE 300	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	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.

CR2E034 (9/96)