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Feb 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 # 608127 (7)

1. Corporation Name

HOLCOMB, JONES, AND SATORY-DE HOYOS, P.A.

Principal Place of Business

601 N. MAGNOLIA AVE  
ORLANDO FL 32801-1217

Mailing Address

601 N. MAGNOLIA AVE  
ORLANDO FL 32801-1217

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

01/10/1979

3a. Date of Last Report

03/05/1996

4. FEI Number

59-1882468

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

SATORY-DEHOYOS, ELIN V.  
601 E. ROLLINS ST.  
ORLANDO FL 32803

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	DELETE
NAME	RADI, MICHAEL M	
STREET ADDRESS	1325 BEVERLY COURT	
CITY - ST - ZIP	ORLANDO FL	
TITLE	DT	DELETE
NAME	SATORY-DEHOYOS, ELIN V.	
STREET ADDRESS	1000 OLD ENGLAND AVE	
CITY - ST - ZIP	WINTER PARK, FL 00000	
TITLE	D	DELETE
NAME	ANDERSON, BRUCE V	
STREET ADDRESS	1897 ARLINGTON COURT	
CITY - ST - ZIP	LONGWOOD, FL 00000	
TITLE	Q	DELETE
NAME	HOLCOMB, RODNEY F	
STREET ADDRESS	2754 VINE ST	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D P	DELETE
NAME	GUARDA, LUIS	
STREET ADDRESS	120 HAMLIN T. LANE	
CITY - ST - ZIP	ALTAMONTE SPRGS FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	Change Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	Change Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	Change Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	Change Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	Change Addition
6.2 NAME	
6.3 STREET ADDRESS	
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

1/28/97

Daytime Phone

CP2E034 (9/96)