
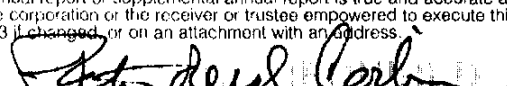


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 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	
<b>DOCUMENT # 608486 (7)</b>			
1. Corporation Name <b>CORBIN &amp; DICKINSON, P.A.</b> <b>CORBIN &amp; DUVAL, P.A.</b>			
Principal Place of Business <b>121 W FORSYTH ST STE - 1000 JACKSONVILLE FL 32202 US</b>		Mailing Address <b>121 W FORSYTH ST STE - 1000 JACKSONVILLE FL 32202-3855 US</b>	
2. Principal Place of Business		2a. Mailing Address	
21 State, Apt. #, etc.		26 State, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent <b>CORBIN, PETER REED 121 W FORSYTH ST STE - 1000 JACKSONVILLE FL 32202</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	
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 _____ DATE _____ <small>Signature is typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>PD</b>		1.1 TITLE <b>Treasurer</b>	
1.2 NAME <b>CORBIN, PETER REED</b>		1.2 NAME	
1.3 STREET ADDRESS <b>121 W FORSYTH ST / STE - 1000 JACKSONVILLE, FL 00000</b>		1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP <b>JACKSONVILLE, FL 00000</b>		1.4 CITY-ST-ZIP	
2.1 TITLE <b>VD</b>		2.1 TITLE	
2.2 NAME <b>DICKINSON, JOHN F</b>		2.2 NAME	
2.3 STREET ADDRESS <b>121 W FORSYTH ST / STE - 1000 JACKSONVILLE, FL 00000</b>		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP <b>JACKSONVILLE, FL 00000</b>		2.4 CITY-ST-ZIP	
3.1 TITLE <b>SD</b>		3.1 TITLE <b>Vice President</b>	
3.2 NAME <b>DUVAL, JOHN E.</b>		3.2 NAME	
3.3 STREET ADDRESS <b>121 W FORSYTH ST / STE - 1000 JACKSONVILLE FL</b>		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP <b>JACKSONVILLE FL</b>		3.4 CITY-ST-ZIP	
4.1 TITLE <b>T</b>		4.1 TITLE	
4.2 NAME <b>DAMON, KITCHEN</b>		4.2 NAME	
4.3 STREET ADDRESS <b>121 W. FORSYTH ST, SUITE 1000 JACKSONVILLE FL</b>		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP <b>JACKSONVILLE FL</b>		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 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: 		April 9, 1997 (904) 356-8073	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



CR2E034 (9/96)