

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

FILED

**Feb 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 627415 (3)
 1. Corporation Name
DEWOLF, WARD, O'DONNELL & GLATT, P.A.



Principal Place of Business 111 NORTH ORANGE AVE. STE 2000 ORLANDO FL 32801	Mailing Address 111 NORTH ORANGE AVE. STE 2000 ORLANDO FL 32801-2332
---	--

3. Date Incorporated or Qualified 07/01/1979	3a. Date of Last Report 06/14/1996
4. FEI Number 59-1917450	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 111 N. Orange Ave#1750 22 City & State Orlando, FL 23 Zip 32801 25 Country USA	2a. Mailing Address 26 Suite, Apt. #, etc. 111 N. Orange Ave#1750 27 City & State Orlando, FL 28 Zip 32801 29 Country USA
---	--

9. Name and Address of Current Registered Agent
DEWOLF, THOMAS B
111 N ORANGE AVE, STE 2000
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WARD, JOHN H.	
STREET ADDRESS	604 DARCEY DRIVE	
CITY - ST - ZIP	WINTER PARK, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DEWOLF, THOMAS B	
STREET ADDRESS	605 MARKHAM WOODS RD	
CITY - ST - ZIP	LONGWOOD, FL 00000	
TITLE	TVD	<input checked="" type="checkbox"/> DELETE
NAME	O'DONNELL, JOHN L JR	
STREET ADDRESS	632 BERWICK	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	HOOFMAN, ROBERT S.	
STREET ADDRESS	2241 DELORAINE	
CITY - ST - ZIP	MAITLAND FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GLATT, JAMES E. JR.	
STREET ADDRESS	111N. ORANGE AVENUE	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, changed, or on an attachment with an address.

SIGNATURE: Thomas B Dewolf January 30, 1997 407/841-7000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)