

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Feb 03 1997 8:00 am  
Secretary of State

DOCUMENT # 629734 (5)

1. Corporation Name  
GARCIA & ORTIZ, P.A.

Principal Place of Business  
888 EXECUTIVE CENTER DR W  
STE 101  
ST PETERSBURG FL 33702

Mailing Address  
888 EXECUTIVE CENTER DR W  
STE 101  
ST PETERSBURG FL 33702-2471



3. Date Incorporated or Qualified 07/16/1979	3a. Date of Last Report 02/02/1996
4. FEI Number 59-1633902	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. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

ORTIZ, LOUIS P  
888 EXECUTIVE CENTER DR W  
SUITE 101  
ST PETERSBURG FL 33702

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 reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP VALDES, FRANK	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	114 11TH AV	1.2 NAME	
STREET ADDRESS	ST. PETERSBURG BCH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	STD GARCIA, LUIS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7619 LAKE CYPRESS DR	2.2 NAME	
STREET ADDRESS	TAMPA, FL 00000	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD ORTIZ, LOUIS P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6 ISLAND DR	3.2 NAME	
STREET ADDRESS	TREASURE ISL, FL 00000	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VP DEL RIO, J E	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14004 NOTREVILLE WAY	4.2 NAME	
STREET ADDRESS	TAMPA FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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: *Frank J. Valdes* VP *Frank J. Valdes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 813-576-1245  
Daytime Phone #

CR2E034 (9/96)