


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	
DOCUMENT # 642977 (3) 1. Corporation Name MYRON J. MENSCH, P.A.			



Principal Place of Business 5263 CENTRAL AVENUE ST. PETERSBURG FL 33710	Mailing Address 5263 CENTRAL AVENUE ST. PETERSBURG FL 33710-8141
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2. Principal Place of Business 21 111 Second Avenue N.E., Suite 620 St. Petersburg, FL 33701		2a. Mailing Address 26 111 Second Avenue N.E., Suite 620 St. Petersburg, FL 33701		3. Date Incorporated or Qualified 10/24/1979	3a. Date of Last Report 01/19/1996
22 Suite 620		27 Suite 620		4. FEI Number 59-1937931	Applied For <input type="checkbox"/> Not Applicable
23 St. Petersburg, FL		28 St. Petersburg, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33701		29 33701		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Pinellas		30 Pinellas		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MENSCH, MYRON J. 5263 CENTRAL AVENUE ST. PETERSBURG FL 33710		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	111 Second Avenue N.E., Suite 620
		83	
		84 City	St. Petersburg
		85 Zip Code	FL 33701

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 *Myron J. Mensch* (NOTE: Registered Agent signature required when reinstating) DATE **1/8/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENSCH, MYRON J	1.2 NAME	
STREET ADDRESS	5263 CENTRAL AVENUE	1.3 STREET ADDRESS	111 Second Avenue N.E., Suite 620
CITY-ST-ZIP	ST PETERSBURG, FL 00000	1.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, JOAN LO BIANCO	2.2 NAME	
STREET ADDRESS	5263 CENTRAL AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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: *Myron J. Mensch* DATE: **1/8/97** DAYTIME PHONE: **813-827-4944**

CR2E034 (9/96)