


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

FILED
Feb 10 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 # 643584 (6)					
1. Corporation Name TROPP & MATASSINI, P.A.					
Principal Place of Business 101 EAST KENNEDY BLVD BARNETT PLAZA, SUITE 3305 TAMPA FL 33602-5153			Mailing Address 101 EAST KENNEDY BLVD BARNETT PLAZA, SUITE 3305 TAMPA FL 33602-5179		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/30/1979	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 01/25/1996	
22 City & State		27 City & State		4. FEI Number 59-1944221	
23 Zip		28 Zip		Applied For Not Applicable	
24 Country		29 Country		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
TROPP, ROBERT A 101 E KENNEDY BLVD BARNETT BANK BLDG., SUITE 3305 TAMPA FL 33602-5153			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	STD	<input checked="" type="checkbox"/> DELETE			
NAME	PIPPINGER, RICHARD G.				
STREET ADDRESS	101 E KENNEDY BLVD				
CITY-ST-ZIP	TAMPA FL				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	MATASSINI, NICHOLAS				
STREET ADDRESS	101 E KENNEDY BLVD				
CITY-ST-ZIP	TAMPA FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	ROBERT A. TROPP				
1.3 STREET ADDRESS	101 E. KENNEDY BLVD. SUITE 3305				
1.4 CITY-ST-ZIP	TAMPA, FL. 33602				
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 if changed, or in an attachment with an address.

SIGNATURE: *Nicholas Matassini* 1/2/97 (813) 225-1411

CR2E034 (9/96)