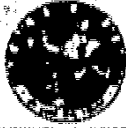


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 APR 24 AM 7:27

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra H. Morton
 Secretary of State
 DIVISION OF CORPORATIONS

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 655283 (0)

1. Corporation Name
LAWRENCE W. CARROLL, JR., PROFESSIONAL ASSOCIATION

Principal Place of Business Mailing Address
500 E. ALTAMONTE DR. SUITE 202 **500 E. ALTAMONTE DR. SUITE 202**
ALTAMONTE SPGS. FL 32701 **ALTAMONTE SPGS. FL 32701**
706 Turnbull Ave., Suite 202 **706 Turnbull Ave., Suite 202**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/08/1980** 3a. Date of Last Report **03/01/1994**
 4. FEI Number **59-1965893** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Zip
 24 County 25 County 29 Country 30 Country

9. Name and Address of Current Registered Agent
CARROLL, LAWRENCE W., JR
(500 E. ALTAMONTE DR., SUITE 202) = 706 Turnbull Ave., Suite 202
ALTAMONTE SPGS. FL 32701

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	CARROLL, LAWRENCE W, JR	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS 500 E. ALTAMONTE DR., SUITE 202		1.4 CITY-ST-ZIP 706 Turnbull Ave., Suite 202	
CITY-ST-ZIP ALTAMONTE SPGS. FL 32701		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE \$	LENZEN, ALEXANDRA	2.2 NAME	
NAME		2.3 STREET ADDRESS	
STREET ADDRESS 550 LAKE KATHRYN CIR		2.4 CITY-ST-ZIP	
CITY-ST-ZIP CASSELBERRY FL 32707		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		3.2 NAME	
NAME		3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CITY-ST-ZIP	
CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or equivalent 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 person or persons responsible to prepare 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: *[Signature]* (407) 260-5588
 E. W. CARROLL, JR., PRESIDENT