

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 693286 (7)

1. Corporation Name

JAMES, BIELEJESKI & AURELIUS, P.A.

Principal Place of Business

% JOHN E AURELIUS
4367 N FEDERAL HWY
FT LAUDERDALE FL 33308

Mailing Address

% JOHN E AURELIUS
4367 N FEDERAL HWY
FT LAUDERDALE FL 33308



3. Date Incorporated or Qualified 07/06/1981	3a. Date of Last Report 01/18/1995
4. FEI Number 59-2106858	Applied For 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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

AURELIUS, JOHN E
4367 N FEDERAL HWY
FT LAUDERDALE FL

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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

Sign as typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME: TD JAMES, G EARL	1.1 TITLE: SECRETARY
STREET ADDRESS: 4367 N FEDERAL HWY	12 NAME: GEORGETTE R. COSTAS
CITY-STATE-ZIP: FT LAUDERDALE FL	13 STREET ADDRESS: 4367 NORTH FEDERAL HWY
TITLE / NAME: PD BIELEJESKI, JOHN, JR	14 CITY-STATE-ZIP: FORT LAUDERDALE, FLORIDA 33308
STREET ADDRESS: 4367 N FEDERAL HWY	
CITY-STATE-ZIP: FT LAUDERDALE FL	
TITLE / NAME: VD AURELIUS, JOHN E	
STREET ADDRESS: 4367 N FEDERAL HWY	
CITY-STATE-ZIP: FT LAUDERDALE FL	
TITLE / NAME:	
STREET ADDRESS:	
CITY-STATE-ZIP:	
TITLE / NAME:	
STREET ADDRESS:	
CITY-STATE-ZIP:	
TITLE / NAME:	
STREET ADDRESS:	
CITY-STATE-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 119.07(3)(k), 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: JOHN E. AURELIUS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96

305-772-8222

Date

Daytime Phone #

CR2E034 (12/95)