

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 697257
1. Corporation Name
MICHAEL S. ATWOOD, PA

Principal Place of Business
1901 FOGARTY
Key West, 33040

Mailing Address
1901 Fogarty
Key West, FL 33040

DO NOT WRITE IN THIS SPACE

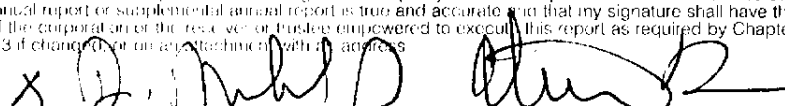
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 8-3-81	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. FEI Number 59-2127196	26. Applied For Not Applicable
27. City & State		28. Zip		29. Country	
29. City & State		30. Zip		31. Country	
9. Name and Address of Current Registered Agent ATWOOD, MICHAEL S 1901 FOGARTY ST KEY WEST, FL 33040				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83. City				84. Zip Code	
85. State FL				86. Country	

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 _____ (Signature of person authorized to change registered office or registered agent, or both, in the State of Florida) (Signature of Registered Agent required when reinstating) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	ATWOOD, MICHAEL STEVEN	11. TITLE	☐ Change ☐ Addition
NAME	1901 FOGARTY AVE	12. NAME	
STREET ADDRESS	Key West, FL 33040	13. STREET ADDRESS	
CITY-STATE-ZIP		14. CITY-STATE-ZIP	
TITLE PST	ATWOOD, MICHAEL STEVEN	21. TITLE	☐ Change ☐ Addition
NAME	1901 FOGARTY AVE	22. NAME	
STREET ADDRESS	KEY WEST, FL 33040	23. STREET ADDRESS	
CITY-STATE-ZIP		24. CITY-STATE-ZIP	
TITLE	☐ DELETE	31. TITLE	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-STATE-ZIP		34. CITY-STATE-ZIP	
TITLE	☐ DELETE	41. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE	☐ DELETE	51. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE	☐ DELETE	61. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-ZIP	

14. I 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 any attachment with an address.

SIGNATURE: X 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)

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***150.00