

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

FILED

Jan 27 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F18453** (3)

1. Corporation Name  
**H. S. HENDERSON, III, P.A.**

Principal Place of Business <b>466 N HARBOR CITY BLVD MELBOURNE FL 32935 US</b>	Mailing Address <b>466 N HARBOR CITY BLVD MELBOURNE FL 32935-6858 US</b>
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3. Date Incorporated or Qualified <b>02/05/1981</b>	3a. Date of Last Report <b>02/21/1996</b>
4. FEI Number <b>59-2086460</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 21 <b>516 N. Harbor City Blvd</b>	2a. Mailing Address 26 <b>516 N. Harbor City Blvd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 <b>Melbourne, FL</b>	City & State 28 <b>Melbourne, FL</b>
Zip 24 <b>32935</b>	Country 25 <b>US</b>
29 <b>32935</b>	30 <b>US</b>

9. Name and Address of Current Registered Agent  
**HENDERSON, H S, III  
466 NO. HARBOR CITY BLVD.  
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent
81 Name <b>Henderson, H.S., III</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>516 N. Harbor City Blvd.</b>
83
84 City <b>Melbourne</b>
85 Zip Code <b>FL 32935</b>

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, as shown 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:  DATE: **1/7/97**

12. OFFICERS AND DIRECTORS	
TITLE <b>PST</b>	<input type="checkbox"/> DELETE
NAME <b>HENDERSON, H S, III</b>	
STREET ADDRESS <b>466 N. HARBOR CITY BLVD.</b>	
CITY- ST- ZIP <b>MELBOURNE FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>HENDERSON, H S, III</b>	
STREET ADDRESS <b>466 N. HARBOR CITY LVD.</b>	
CITY- ST- ZIP <b>MELBOURNE FL</b>	
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 <b>PST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Henderson, HS, III</b>	
1.3 STREET ADDRESS <b>516 N. Harbor City Blvd.</b>	
1.4 CITY- ST- ZIP <b>Melbourne, FL 32935</b>	
2.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Henderson, HS, III</b>	
2.3 STREET ADDRESS <b>516 N. Harbor City Blvd.</b>	
2.4 CITY- ST- ZIP <b>Melbourne, FL 32935</b>	
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 a duly authorized officer 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, whichever is applicable, or on an attachment with an address.

SIGNATURE:  DATE: **1/7/97** DAYTIME PHONE: **407-259-1887**

CR2E034 (9/96)