

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

**FILED**

**Apr 29 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F24173 (9)**  
1. Corporation Name  
**LAW OFFICES OF BRIAN R. MCCOMB, P.A.**



Principal Place of Business <b>1441 NORTHWEST NORTH RIVER DRIVE MIAMI FL 33125</b>	Mailing Address <b>1441 NORTHWEST NORTH RIVER DRIVE MIAMI FL 33125-2001</b>
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3. Date Incorporated or Qualified <b>03/24/1981</b>	3a. Date of Last Report <b>04/29/1996</b>
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2. Principal Place of Business 21 <b>1504 N.W. 14th St</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>1504 N.W. 14th St</b> Suite, Apt. #, etc.
22 City & State 23 <b>MIAMI FL</b>	27 City & State 28 <b>MIAMI FL</b>
24 Zip <b>33125</b>	25 Country <b>USA</b>
29 Zip <b>33125</b>	30 Country <b>USA</b>

4. FEI Number <b>59-2094081</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	

9. Name and Address of Current Registered Agent  
**MCCOMB, BRIAN R  
1441 NORTHWEST NORTH RIVER DRIVE  
MIAMI FL 33125**

10. Name and Address of New Registered Agent

B1 Name <b>McComb Brian R</b>
B2 Street Address (P.O. Box Number is Not Acceptable) <b>1504 N.W. 14th St</b>
B3
B4 City <b>Miami</b>
FL B5 Zip Code <b>33125</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, 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 **BRIAN R McComb** (Signature) **Brian R McComb** (Printed Name) **4/24/97** (Date)  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE <b>DP</b>	NAME <b>MCCOMB, BRIAN R</b>	<input type="checkbox"/>
STREET ADDRESS <b>1441 NW N RIVER DRIVE</b>	CITY- ST- ZIP <b>MIAMI FL</b>	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY- ST- ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY- ST- ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY- ST- ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	1.2 NAME		
1.3 STREET ADDRESS <b>1504 N.W. 14th St</b>	1.4 CITY- ST- ZIP <b>MIAMI FL 33125</b>		
2.1 TITLE	2.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS	2.4 CITY- ST- ZIP		
3.1 TITLE	3.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS	3.4 CITY- ST- ZIP		
4.1 TITLE	4.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS	4.4 CITY- ST- ZIP		
5.1 TITLE	5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	5.4 CITY- ST- ZIP		
6.1 TITLE	6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
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 o. 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: **BRIAN R McComb** (Signature) **Brian R McComb D/P** (Printed Name) **4/24/97** (Date) **(305) 324 7908** (Phone)  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone #)

96(9) 11