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Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F38953 (8)

1. Corporation Name
EDWARD A. CARHART, P.A.



Principal Place of Business Mailing Address
% EDWARD A CARHART, ESQ.
2151 S LE JEUNE RD. STE 202
CORAL GABLES FL 33134
US

3. Date Incorporated or Qualified 09/01/1981
3a. Date of Last Report 02/20/1996

2. Principal Place of Business 2a. Mailing Address
21 201 ALHAMBRA CIRCLE 26 201 ALHAMBRA CIRCLE
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 SUITE 711 27 SUITE 711
City & State City & State
23 CORAL GABLES, FL 28 CORAL GABLES, FL
Zip Country Zip Country
24 33134 25 USA 29 33134 30 USA

4. FEI Number 59-2116707 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CARHART, EDWARD A., ESQ.
2151 S LE JEUNE RD, STE 202
CORAL GABLES FL 33134
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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|--------------------------|
| TITLE | DP | 1.1 TITLE | Change |
| NAME | CARHART, EDWARD A | 1.2 NAME | |
| STREET ADDRESS | 2151 S LE JEUNE RD #202 | 1.3 STREET ADDRESS | 201 ALHAMBRA CIRCLE #711 |
| CITY - ST - ZIP | CORAL GABLES FL | 1.4 CITY - ST - ZIP | CORAL GABLES FL 33134 |
| TITLE | | 2.1 TITLE | Change |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | |
| TITLE | | 3.1 TITLE | Change |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | Change |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | Change |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | Change |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 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: *Edward Carhart* 4-11-97 305/567-1066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)