

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 # F49879 (2)

1. Corporation Name

LAU, LANE, PIEPER, CONLEY & MCCREADIE, P.A.



Principal Place of Business

100 S. ASHLEY DRIVE
1700
TAMPA FL 33602-5311
US

Mailing Address

P.O. BOX 838
TAMPA FL 33601-0838
US

3. Date Incorporated or Qualified
10/15/1981

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAU, JAMES V.
100 S. ASHLEY DR., SUITE #1700
TAMPA FL 33602

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD
PIEPER, NATHANIEL G W
100 S ASHLEY DR #1700
TAMPA FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD
LAU, JAMES V
100 S ASHLEY DR #1700
TAMPA, FL 00000

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD
LANE, CHARLES C
100 S ASHLEY DR #1700
TAMPA, FL 00000

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD
MCCREADIE, DAVID W.
100 SOUTH ASHLEY DRIVE, SUITE 1700
TAMPA FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD
LAU, MARY A.
100 S ASHLEY DR #1700
TAMPA FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD
CONLEY, TIMOTHY C.
100 S ASHLEY DR. #1700
TAMPA FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96

(813)229-2121

Date

Daytime Phone #

CR2E034 (12/95)

Question 12, continuation page

Title	T/D
Name	Mary Annette Horan
Street Address	100 S. Ashley Drive, #1700
City-St-Zip	Tampa, Florida 33602