

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 # F59900 (3)

1. Corporation Name
CHRISTOPHER, SMITH, GENTILE, LEONARD & BRISTOW, P.A.



Principal Place of Business: **1001 3RD AVE. W. BRADENTON FL 34205**
Mailing Address: **1001 3RD AVE. W. BRADENTON FL 34205**

3. Date Incorporated or Qualified: **12/28/1981**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **59-2142260**
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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent

**CHRISTOPHER, ROBERT E.
1001 THIRD AVE WEST SUITE 700
BRADENTON FL 34205**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: _____ (Type, print, or print name of registered agent and then applicant) (If both Registered Agent signature required when registering) (Date)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH, RICHARD D.	
STREET ADDRESS	4915 18 AVE W	
CITY - ST - ZIP	BRADENTON, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHRISTOPHER, ROBERT E	
STREET ADDRESS	3932 RIVERVIEW BLVD W	
CITY - ST - ZIP	BRADENTON, FL 00000	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	GENTILE, JAMES D	
STREET ADDRESS	2902 OLD ORCHARD LANE.	
CITY - ST - ZIP	PARRISH FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	LEONARD, EDWARD J.	
STREET ADDRESS	7819 18TH AVE. N.W.	
CITY - ST - ZIP	BRADENTON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRISTOW, LISA K	
STREET ADDRESS	5104 3RD AVE DR NW	
CITY - ST - ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *Edward Leonard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EDWARD LEONARD

4/18/96 **941-748-1040**
Date Daytime Phone #

CR2E034 (12/95)