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Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90006 049 ***300.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F59900

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/28/1981	4. FEI Number 59-2142260	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip Country	28 Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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	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	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 checked="" 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	VD	<input type="checkbox"/> DELETE
NAME	STANELL, ROBERT E	
STREET ADDRESS	4472 STAGHORN LN	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Wells, Janet K.	
1.3 STREET ADDRESS	4939- 79 AVE. DR. E.	
1.4 CITY-ST-ZIP	Sarasota, FL 34243	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE:  DATE: **1-5-1999** DAYTIME PHONE #: **941-748-1040**

CR2E034 (11/98)