

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 # F83287 (5)

1. Corporation Name

JACK M. VARLEY, P.A.



Principal Place of Business

Mailing Address

% JACK M. VARLEY
250 WYMORE ROAD
WINTER PARK FL 32789

% JACK M. VARLEY
250 WYMORE ROAD
WINTER PARK FL 32789

3. Date Incorporated or Qualified 05/28/1982
3a. Date of Last Report 05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 2355 MAITLAND AVE	27 235 S MAITLAND AVE	59-2187496	Not Applicable
22 Suite, Apt. #, etc. STE 204	27 Suite, Apt. #, etc. STE 204	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 MAITLAND FL	28 MAITLAND FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 32751	25 USA	29 32751	30 USA
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

VARLEY, JACK M.
250 WYMORE ROAD
WINTER PARK FL 32789

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Change Addition
NAME	VARLEY, JACK M	1.2 NAME	
STREET ADDRESS	250 WYMORE ROAD	1.3 STREET ADDRESS	2355 MAITLAND AVE STE 204
CITY-ST-ZIP	WINTER PARK FL 32789	1.4 CITY-ST-ZIP	MAITLAND FL 32751
TITLE		2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
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 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

DATE

Daytime Phone

CR2564 (12/95)