FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

SARASOTA

1390 MAIN ST

SARASOTA FL 34236

City & State

SUITE #940

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G24689

(3)

Mailing Address

SARASOTA FL 34236-5687

1515Ringling

2a. Mailing Address

City & State

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1390 MAIN ST SUITE #940

RICHARD E. COOLEY II, P.A.

1515 Rivoling Blue

Country

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COOLEY, RICHARD E II 1363 TANGIER WAY SARASOTA FL 34239 us

9. Name and Address of Current Registered Agent

FILED					
Feb	12	1997	8:	00am	
Se	cre	tary (of S	State	

	3. Date Incorporated or Qualified 02/18/1983	3a. Date of Last Report 02/26/1996			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. FEI Number	Applied For			
LUD.	59-2250846	Not Applicable			
	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
,	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
ntry A.S	8. This corporation has liability for in Florida Statutes	tangible tax under s. 199.032, Yes No			
	10. Name and Address of New Reg	stered Agent			
81 Name					
82 Street A	Address (P.O. Box Number is Not Acceptable)			
83					

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TITLE COOLEY, RICHARD E., II 1.2 NAME NAME 1515 RINGLING BLVD, SUITE 890 STREET ADDRESS 1.3 STREET ADDRESS 21P= 34236 SARASOTA FL 1.4 CITY-ST-ZIP CITY-S1-ZIP DELETE 2.1 TITLE Change Addition TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAMé 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change 4.1 TITLE TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZiP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

84 City

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.

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/(3) if changed, or on an attachment with an address.

SIGNATURE:

Pular Cooly Towns of Cooly T

2/07/97

(997) 93 7-73 73 Daylime Phone #

Zip Code