

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

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May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H62812 (3)

1. Corporation Name
MYERS KRAUSE & STEVENS, CHARTERED

Principal Place of Business
5811 PELICAN BAY BLVD., #600
NAPLES FL 33963

Mailing Address
5811 PELICAN BAY BLVD., #600
NAPLES FL 34108-2784



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/19/1985		3a. Date of Last Report 04/03/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2538915		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent KRAUSE, ANDREW J. 5811 PELICAN BAY BLVD., #600 S-600 NAPLES FL 33963				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, 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]
Signature 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	PTD	NAME	MYERS, WILLIAM H.	1.1 TITLE		1.2 NAME	
STREET ADDRESS	807 PINE VILLAGE LANE			1.3 STREET ADDRESS	4801 Island Pond Ct., #1202		
CITY-ST-ZIP	NAPLES FL			1.4 CITY-ST-ZIP	Bonita Springs, FL 34134		
TITLE	VSD	NAME	KRAUSE, ANDREW J.	2.1 TITLE		2.2 NAME	
STREET ADDRESS	210 SILVERADO DR.			2.3 STREET ADDRESS	210 Silverado Dr.		
CITY-ST-ZIP	NAPLES FL			2.4 CITY-ST-ZIP			
TITLE	VD	NAME	STEVENS, WILLIAM	3.1 TITLE		3.2 NAME	
STREET ADDRESS	5930 VIA LUGANO #101			3.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			3.4 CITY-ST-ZIP			
TITLE	Franklin, Richard S. (VD)	NAME	10886 Longshore Way West	4.1 TITLE		4.2 NAME	
STREET ADDRESS	Naples, FL 34119			4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE	VD	NAME	Browne, David P.	5.1 TITLE		5.2 NAME	
STREET ADDRESS	28931 Winthrop Circle SW			5.3 STREET ADDRESS			
CITY-ST-ZIP	Bonita Springs, FL 34134			5.4 CITY-ST-ZIP			
TITLE	VD	NAME	Stommel, Robert J.	6.1 TITLE		6.2 NAME	
STREET ADDRESS	193 Willow Brook Dr., 101			6.3 STREET ADDRESS			
CITY-ST-ZIP	Naples, FL 34108			6.4 CITY-ST-ZIP			

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 13 if changed on an attachment with an address.

SIGNATURE: *[Signature]* *[Signature]* *[Signature]*

CR2E034 (9/96)