

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 # **H97364** (4)

1. Corporation Name
DAVID W. STEEN, P.A.



Principal Place of Business: % DAVID W. STEEN 100 N. Tampa St 4919-MEMORIAL-HIGHWAY, SUITE 222 TAMPA FL 33604 #2800 Tampa, FL 33602-5126
Mailing Address: 500 E. KENNEDY BLVD. SUITE 101 TAMPA FL 33602 US PO Box 3350 Tampa, FL 33601-3350

3. Date Incorporated or Qualified: 02/03/1986
3a. Date of Last Report: 04/27/1995
4. FEI Number: 59-2634704
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: 21 100 N. Tampa St Suite, Apt. #, etc. #2800 City & State Tampa FL Zip 33602-5126 Country Hillsborough
2a. Mailing Address: 26 P.O. Bx 3350 Suite, Apt. #, etc. City & State Tampa FL Zip 33601-3350 Country Hillsborough

9. Name and Address of Current Registered Agent: STEEN, DAVID W 500 E. KENNEDY BLVD. #101 TAMPA FL 33602
10. Name and Address of New Registered Agent: 81 Name: David W. STEEN 82 Street Address (P.O. Box Number is Not Acceptable): 100 N. Tampa St 83 #2800 84 City: Tampa FL 85 Zip Code: 33602

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] DATE: 4-10-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STEEN, DAVID W		1.2 NAME: David W. Steen	
STREET ADDRESS: 500 E. KENNEDY BLVD #101		1.3 STREET ADDRESS: 100 N. Tampa St #2800	
CITY-ST-ZIP: TAMPA FL		1.4 CITY-ST-ZIP: Tampa, FL 33602-5126	
TITLE:	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		2.2 NAME:	
STREET ADDRESS:		2.3 STREET ADDRESS:	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> 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] DATE: 4-10-96

CR2E034 (12/95)