

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

**FILED**  
**Feb 10 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J06584 (3)**  
 1. Corporation Name  
**TARASKA, GROWER, & KETCHAM, P.A.**



Principal Place of Business <b>111 NORTH ORANGE AVE                  SUITE 1700                  ORLANDO FL 32801</b>	Mailing Address <b>111 NORTH ORANGE AVE                  SUITE 1700                  ORLANDO FL 32801-2399</b>
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2. Principal Place of Business <b>21 390 N. Orange Avenue</b> Suite, Apt. #, etc. <b>22 1900</b> City & State <b>23 Orlando, Florida</b> Zip <b>24 32801</b>	2a. Mailing Address <b>26 390 N. Orange Avenue</b> Suite, Apt. #, etc. <b>27 1900</b> City & State <b>28 Orlando, Florida</b> Zip <b>29 32801</b> Country <b>30 Orange</b>
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3. Date Incorporated or Qualified <b>03/31/1986</b>	3a. Date of Last Report <b>04/17/1996</b>
4. FEI Number <b>59-2650842</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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  
**MASON, H. GROWER III  
 111 NORTH ORANGE AVE., SUITE 1700  
 ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>390 N. Orange Avenue, Suite 1900</b>
83	
84 City	<b>Orlando</b>
85 Zip Code	<b>FL 32801</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TARASKA, JOSEPH M.	
STREET ADDRESS	111 N. ORANGE AVE. #1700	
CITY-ST-ZIP	ORLANDO FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GROWER, MASON H.	
STREET ADDRESS	111 N. ORANGE AVE. #1700	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KETCHAM, WALTER A	
STREET ADDRESS	111 N ORANGE AVE, #1700	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>390 N. Orange Ave. #1900</b>
1.4 CITY-ST-ZIP	<b>Orlando, Florida 32801</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>390 N. Orange Ave. #1900</b>
2.4 CITY-ST-ZIP	<b>Orlando, Florida 32801</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>390 N. Orange Ave. #1900</b>
3.4 CITY-ST-ZIP	<b>Orlando, Florida 32801</b>
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 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, or on an attachment with an address

SIGNATURE: \_\_\_\_\_ (407) 423-9545

CR2E034 (9/96)