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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J08706

(0)

1. Corporation Name

CAIN & EWALD, P.A.



Principal Place of Business

200 E. ROBINSON STREET, SUITE 1140
P. O. BOX 2711
ORLANDO FL 32802

Mailing Address

200 E. ROBINSON STREET, SUITE 1140
P. O. BOX 2711
ORLANDO FL 32802

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CAIN, JOHN M.
200 E. ROBINSON STREET, SUITE 1140
ORLANDO FL 32801

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 607.1606, 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 of the person who is authorized to sign this statement

Signature of the person who is authorized to sign this statement

Signature of the person who is authorized to sign this statement

12. OFFICERS AND DIRECTORS

TITLE

V

DELETE

NAME

CAIN, JOHN M.

STREET ADDRESS

200 E. ROBINSON ST.

CITY-ST-ZIP

ORLANDO FL

TITLE

P

DELETE

NAME

EWALD, DONALD P.

STREET ADDRESS

200 E. ROBINSON ST.

CITY-ST-ZIP

ORLANDO FL

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

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 19.07(3)(g), 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 in power to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if I am registered with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Donald P. Ewald

4/2/96

(407)425-4628

CR2E034 (12/95)