

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -7 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J13380** (7)

1. Corporation Name
SANDERS, MCEWAN, MARTINEZ, LUFF & DUKES, P.A.

Principal Place of Business 108 EAST CENTRAL BLVD. ORLANDO FL 32801	Mailing Address 108 EAST CENTRAL BLVD. ORLANDO FL 32801
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/08/1986	3a. Date of Last Report 03/30/1994
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2. Principal Place of Business	2a. Mailing Address
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21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
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22. City & State	27. City & State
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23. Zip	24. Country	28. Zip	29. Country
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4. FEI Number 59-2668632	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCEWAN, JOHN S., II
108 EAST CENTRAL BLVD.
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 607.1508, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when maintaining)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	DUKES, THOMAS E.
STREET ADDRESS	210 E. COPELAND DRIVE
CITY - ST - ZIP	ORLANDO FL
TITLE	PD
NAME	MCEWAN, JOHN S., II
STREET ADDRESS	1321 WILKINSON ST
CITY - ST - ZIP	ORLANDO FL
TITLE	VD
NAME	MARTINEZ, RAFAEL E.
STREET ADDRESS	1115 WOODLAND ST
CITY - ST - ZIP	ORLANDO FL
TITLE	STD
NAME	LUFF, H. DAVID
STREET ADDRESS	2510 FORREST CLUB DR.
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 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 its resolver, or duly 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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

H. David Luff
H. DAVID LUFF

3/2/95

907-423-8571