

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt., Etc.	26. Suite, Apt., Etc.	05/08/1986	03/07/1995
22. City & State	27. City & State	4. FET Number	Applied For / Not Applicable
23. Zip	28. Zip	59-2668632	
24. Country	29. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		<input type="checkbox"/>	
		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		<input type="checkbox"/>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 607.0622 and 607.1503, 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 607.0625, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	D <input type="checkbox"/> DELETE	1. TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	DUKES, THOMAS E.	2. NAME	WILLIAM E. RUFFIER
3. STREET ADDRESS	210 E. COPELAND DRIVE	3. STREET ADDRESS	1716 REPPARD RD.
4. CITY, ST, ZIP	ORLANDO FL	4. CITY, ST, ZIP	ORLANDO FL 32803
5. TITLE	PD <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	MCEWAN, JOHN S., II	6. NAME	
7. STREET ADDRESS	1321 WILKINSON ST	7. STREET ADDRESS	
8. CITY, ST, ZIP	ORLANDO FL	8. CITY, ST, ZIP	
9. TITLE	VD <input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	MARTINEZ, RAFAEL E.	10. NAME	
11. STREET ADDRESS	1115 WOODLAND ST	11. STREET ADDRESS	
12. CITY, ST, ZIP	ORLANDO FL	12. CITY, ST, ZIP	
13. TITLE	STD <input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	LUFF, H. DAVID	14. NAME	
15. STREET ADDRESS	2510 FORREST CLUB DR.	15. STREET ADDRESS	
16. CITY, ST, ZIP	ORLANDO FL	16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, ST, ZIP		20. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		22. NAME	
23. STREET ADDRESS		23. STREET ADDRESS	
24. CITY, ST, ZIP		24. CITY, ST, ZIP	

14. I do hereby certify that the information supplied in 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 supplier's 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 of this report, or on an amendment with an address.

SIGNATURE: *John S. McEwan* **2/26/96** **407-423-8871**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)