

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J40435

(6)

1. Corporation Name

HANNAH, MARSEE & VOGHT, P.A.



Principal Place of Business

% HOWARD R. MARSEE
225 EAST ROBINSON STREET, SUITE 505
ORLANDO FL 32801-4303

Mailing Address

% HOWARD R. MARSEE
225 EAST ROBINSON STREET, SUITE 505
ORLANDO FL 32801-4303

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip Country

28

Zip Country

24

25

29

30

g. Name and Address of Current Registered Agent

MARSEE, HOWARD R.
225 EAST ROBINSON STREET
SUITE 505, LANDMARK CENTER II
ORLANDO FL 32801-4303

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 607.0503, Florida Statutes.

SIGNATURE

Signature of the person authorized to file this statement with the Department of State

Signature of the person authorized to file this statement with the Department of State

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	HANNAH, ROBERT A.	
STREET ADDRESS	225 E. ROBINSON ST., #505	
CITY, ST, ZIP	ORLANDO FL	
TITLE	DP	DELETE
NAME	MARSEE, HOWARD R.	
STREET ADDRESS	225 E. ROBINSON ST., #505	
CITY, ST, ZIP	ORLANDO FL	
TITLE	D	DELETE
NAME	INGRAM, CHARLES J	
STREET ADDRESS	225 E ROBINSON ST #505	
CITY, ST, ZIP	ORLANDO FL	
TITLE	D	DELETE
NAME	VOGHT, G.B. MCVAY	
STREET ADDRESS	225 E. ROBINSON ST., #505	
CITY, ST, ZIP	ORLANDO FL	
TITLE	VP	DELETE
NAME	BELL, MICHAEL M	
STREET ADDRESS	225 E. ROBINSON ST, #505	
CITY, ST, ZIP	ORLANDO FL	
TITLE	AVP	DELETE
NAME	JONES, J. B	
STREET ADDRESS	225 E. ROBINSON STREET, SUITE 505	
CITY, ST, ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Asst. VP	Change	Addition
12 NAME	Coward, Clay H.	Delete	
13 STREET ADDRESS	225 E. Robinson Street		
14 CITY, ST, ZIP	Orlando, FL 32801		
21 TITLE	Asst. VP	Change	Addition
22 NAME	Jewett, Henry W.	Delete	
23 STREET ADDRESS	225 E. Robinson Street		
24 CITY, ST, ZIP	Orlando, FL 32801		
31 TITLE	Asst. VP	Change	Addition
32 NAME	Carden, Kevin J.	Delete	
33 STREET ADDRESS	225 E. Robinson Street		
34 CITY, ST, ZIP	Orlando, FL 32801	Change	Addition
41 TITLE		Change	Addition
42 NAME			
43 STREET ADDRESS			
44 CITY, ST, ZIP			
51 TITLE		Change	Addition
52 NAME			
53 STREET ADDRESS			
54 CITY, ST, ZIP			
61 TITLE		Change	Addition
62 NAME			
63 STREET ADDRESS			
64 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes to an officer and with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Howard R. Marsee, President

3/27/96

407/849-1122

CR2E034 (12/95)