

4 30-97 B 5848 c
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J51148 (1)
1. Corporation Name
CORBEL & CO.

Principal Place of Business
P. O. BOX 47470
JACKSONVILLE FL 32247

Mailing Address
P. O. BOX 47470
JACKSONVILLE FL 32247-7470



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/09/1986		3a. Date of Last Report 03/27/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2503866		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	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 VERRE, DAVID 1660 PRUDENTIAL DR JACKSONVILLE FL 32207				10. Name and Address of New Registered Agent			
				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's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	PHILLIPS, DAVID D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	V	Hoffman, Craig	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1660 PRUDENTIAL DRIVE		1.2 NAME		1660 Prudential Drive	
STREET ADDRESS		JACKSONVILLE FL 32207		1.3 STREET ADDRESS		Jacksonville, FL 32207	
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	VTD	PROUTY, CYNTHIA L	<input checked="" type="checkbox"/> DELETE	2.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1660 PRUDENTIAL DR		2.2 NAME			
STREET ADDRESS		JACKSONVILLE FL		2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE	V	SMITH, JAMES E	<input type="checkbox"/> DELETE	3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1660 PRUDENTIAL DR		3.2 NAME			
STREET ADDRESS		JACKSONVILLE FL		3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE	VSD	MACKANOS, DONALD	<input type="checkbox"/> DELETE	4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1660 PRUDENTIAL DRIVE		4.2 NAME			
STREET ADDRESS		JACKSONVILLE FL		4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE	VD	THOMPSON, JIM	<input checked="" type="checkbox"/> DELETE	5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		128 S. TRYON STREET		5.2 NAME			
STREET ADDRESS		CHARLOTTE NC		5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE	T	VERRE, DAVID	<input type="checkbox"/> DELETE	6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1660 PRUDENTIAL DRIVE		6.2 NAME			
STREET ADDRESS		JACKSONVILLE FL 32207		6.3 STREET ADDRESS			
CITY-ST-ZIP				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: David Verre, Controller 4/23/97, 904-399-5888

CR2E034 (9/96)