

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J74887 (7)

1. Corporation Name

COR/PRO, INC.



Principal Place of Business Mailing Address
P.O. BOX 1974 P.O. BOX 1974
PONTE VEDRA BEACH FL 32004-1974 PONTE VEDRA BEACH FL 32004-1974

3. Date Incorporated or Qualified 05/28/1987	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2818807	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

LISTON, PHILIP J.
924 PONTE VEDRA BLVD
PONTE VEDRA BCH. FL 32082

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LISTON, PHILIP J.	
STREET ADDRESS	924 PONTE VEDRA BLVD	
CITY-ST-ZIP	PONTE VEDRA BCH. FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LISTON, PARTICIA E.	
STREET ADDRESS	924 PONTE VEDRA BLVD	
CITY-ST-ZIP	PONTE VEDRA BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LISTON, PEGEEN	
STREET ADDRESS	924 PONTE VEDRA BLVD	
CITY-ST-ZIP	PONTE VEDRA BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LISTON, CHRISTOPHER	
STREET ADDRESS	918 PONTE VEDRA BLVD	
CITY-ST-ZIP	PONTE VEDRA BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V.P. & Sec.
2.3 STREET ADDRESS	Same address
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TREASURER
3.3 STREET ADDRESS	185 Bermuda Ct
3.4 CITY-ST-ZIP	Ponte Vedra Bch, FL
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 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:

PHILIP J. LISTON

Date

4-25-96

Daytime Phone #

904/244-7552

CR2E034 (12/95)