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May 07 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 # K38907

(7)

1. Corporation Name

GOWEN & SPEARS, P.A.



Principal Place of Business

Mailing Address

% ORRIN M. GOWEN
601 CLEVELAND ST., STE 931
CLEARWATER FL 34615

% ORRIN M. GOWEN
601 CLEVELAND ST., STE 931
CLEARWATER FL 34615-4172

3. Date Incorporated or Qualified
10/14/1988

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21 33 North Garden Avenue

26 33 North Garden Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1200

27 Suite 1200

23 City & State
Clearwater, FL

28 City & State
Clearwater, FL

24 Zip Country

29 Zip Country

34615

34615

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOWEN, ORRIN M.
601 CLEVELAND STREET
SUITE 931
CLEARWATER FL 34615

81 Name
Gowen, Orrin M.

82 Street Address (P.O. Box Number is Not Acceptable)
33 North Garden Avenue, Suite 1200

83

84 City
Clearwater

FL

85 Zip Code
34615

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 PD
NAME GOWEN, ORRIN M.
STREET ADDRESS 601 CLEVELAND ST., #931
CITY - ST - ZIP CLEARWATER FL 34615

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 33 North Garden Avenue, Suite 1200
1.4 CITY - ST - ZIP Clearwater, FL 34615

2.1 TITLE V S D
2.2 NAME D. Michael Spears
2.3 STREET ADDRESS 33 North Garden Avenue, Suite 1200
2.4 CITY - ST - ZIP Clearwater, FL 34615

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Orrin M. Gowen 04-01-97 (813) 461-4801

Date

Daytime Phone #

0443770

CR2E034 (9/96)