


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 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 # K94016 (8) 1. Corporation Name WITTNER & COMPANY OF FLORIDA, INC.					
Principal Place of Business C/O TED P WITTNER 5999 CENTRAL AVENUE, SUITE 400 ST. PETERSBURG FL 33710			Mailing Address P.O. BOX 11629 5999 CENTRAL AVENUE, SUITE 400 ST. PETERSBURG FL 33733-1629 US		
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		3. Date Incorporated or Qualified 06/01/1989 3a. Date of Last Report 03/25/1996 4. FEI Number 59-2950669 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent WITTNER, TED P 5999 CENTRAL AVENUE, SUITE 400 ST. PETERSBURG FL 33710			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code 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: Type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE P NAME WITTNER, JEAN GILES STREET ADDRESS 5999 CENTRAL AVENUE #400 CITY-ST-ZIP ST. PETERSBURG FL TITLE DC NAME WITTNER, TED P. STREET ADDRESS 5999 CENTRAL AVENUE #400 CITY-ST-ZIP ST. PETERSBURG FL TITLE STV NAME WOODARD, KATHRYN A STREET ADDRESS 5999 CENTRAL AVE S-400 CITY-ST-ZIP ST PETERSBURG FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE P D 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE V 4.2 NAME Dean Landsman 4.3 STREET ADDRESS 5999 Central Avenue #400 4.4 CITY-ST-ZIP St. Petersburg FL 33710 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 if changed, or on an attachment with an address.					
SIGNATURE: Kathryn A. Woodard, SP 3/27/97 (813) 384-3000 Kathryn A. Woodard, SP 3/27/97 (813) 384-3000					

CR2E034 (9/96)