


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

FILED

Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # L17991 (5) 1. Corporation Name GLENN G. PERRY, PH.D, P.A.		

Principal Place of Business 14031 N.DALE MABRY TAMPA FL 33618	Mailing Address 14031 N.DALE MABRY TAMPA FL 33618
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 14021 N. Dale Mabry Suite, Apt. #, etc.		2a. Mailing Address 26 14021 N. Dale Mabry Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/22/1989	
22 City & State 23 TAMPA FL		27 City & State 28 TAMPA, FL		4. FEI Number 59-2970158 Applied For Not Applicable	
24 Zip 33618		25 Country USA		5. Certificate of Status Desired 8.75 Additional Fee Required	
29 Zip 33618		30 Country USA		6. Election Campaign Financing Trust Fund Contribution 5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent PERRY, GLENN G., DR. 14031 N DALE MABRY TAMPA FL 33618				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	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	PERRY, GLENN G.	1.2 NAME	
STREET ADDRESS	16518 LONESDALE PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	PERRY, ROSEMARY	2.2 NAME	
STREET ADDRESS	16518 LONESDALE PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 in an attachment with an address.

SIGNATURE:

[Signature]

1/5/98 813-968-7573

CR2E034 (10/97)