


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

FILED
Jul 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortonham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L21043 (9)					
1. Corporation Name R. JEREMY SOLOMON, P.A.					
Principal Place of Business 2108 DELTA WAY TALLAHASSEE FL 32303 US			Mailing Address P.O. BOX 13937 TALLAHASSEE FL 32317-3937 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 PO Box 12879		10/06/1989	
22 City & State		27 City & State		3a. Date of Last Report	
23 Zip		28 Zip		02/15/1996	
24 Country		29 Country		4. FEI Number	
				59-2982111	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
SOLOMON, R. JEREMY 2108 DELTA WAY TALLAHASSEE FL 32308				<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	
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 signature required when reinstating)					
DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11. TITLE					
12. NAME					
13. STREET ADDRESS					
14. CITY - ST - ZIP					
21. TITLE					
22. NAME					
23. STREET ADDRESS					
24. CITY - ST - ZIP					
31. TITLE					
32. NAME					
33. STREET ADDRESS					
34. CITY - ST - ZIP					
41. TITLE					
42. NAME					
43. STREET ADDRESS					
44. CITY - ST - ZIP					
51. TITLE					
52. NAME					
53. STREET ADDRESS					
54. CITY - ST - ZIP					
61. TITLE					
62. NAME					
63. STREET ADDRESS					
64. 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					



CR2E034 (9/96)

SIGNATURE:



6-30-97