
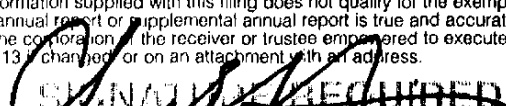


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 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 # L56106 (2) 1. Corporation Name ALLEN C. EWING FINANCIAL SERVICES, INC.			
Principal Place of Business 1030 N ORANGE AVE. STE 300 ORLANDO FL 32801		Mailing Address 1030 N ORANGE AVE. STE 300 ORLANDO FL 32801-1031	
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 03/09/1990		3a. Date of Last Report 04/29/1996	
4. FEI Number 59-2993176		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent HARRIS, CHARLES E 1030 N ORANGE AVE SUITE 300 ORLANDO FL 32801		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			
TITLE	VCD	<input type="checkbox"/> DELETE	
NAME	BISHOP, BENJAMIN C. JR.		
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 3625		
CITY-ST-ZIP	JACKSONVILLE FL		
TITLE	VTAS	<input type="checkbox"/> DELETE	
NAME	JONES, JANICE B.		
STREET ADDRESS	100 N. TAMPA ST., SUITE 2100		
CITY-ST-ZIP	TAMPA FL 33602		
TITLE	CPD	<input type="checkbox"/> DELETE	
NAME	HARRIS, CHARLES E.		
STREET ADDRESS	1030 N ORANGE AVE STE 300		
CITY-ST-ZIP	ORLANDO FL		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	HEDGECOCK, SUZANNE D.		
STREET ADDRESS	1030 N ORANGE AVE STE 300		
CITY-ST-ZIP	ORLANDO FL		
TITLE	AS	<input type="checkbox"/> DELETE	
NAME	ANDERSON, SHARRON		
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 3625		
CITY-ST-ZIP	JACKSONVILLE FL		
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 type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
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 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, changed, or on an attachment with an address.			
SIGNATURE: 		4/16/97 407-423-2525	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Charles E. Harris		Date Daytime Phone #	

CR2E034 (9/96)

ALLEN C. EWING FINANCIAL SERVICES, INC.

Attachment
to
1997 Corporation Annual Report

12. OFFICERS AND DIRECTORS		
7.1	TITLE	EVPD
7.2	NAME	Michael W. Poole
7.3	STREET ADDRESS	1030 N. Orange Avenue, Suite 300
7.4	CITY-ST-ZIP	Orlando, FL 32801
8.1	TITLE	D
8.2	NAME	Arnold A. Heggstad
8.3	STREET ADDRESS	1030 N. Orange Avenue, Suite 300
8.4	CITY-ST-ZIP	Orlando, FL 32801
9.1	TITLE	D
9.2	NAME	Brian C. Beach
9.3	STREET ADDRESS	1030 N. Orange Avenue, Suite 300
9.4	CITY-ST-ZIP	Orlando, FL 32801
10.1	TITLE	V
10.2	NAME	Richard B. Fitzpatrick
10.3	STREET ADDRESS	50 N. Laura Street, Suite 3625
10.4	CITY-ST-ZIP	Jacksonville, FL 32202
11.1	TITLE	V
11.2	NAME	Barry E. Thors
11.3	STREET ADDRESS	50 North Laura Street, Suite 3625
11.4	CITY-ST-ZIP	Jacksonville, FL 32202
12.1	TITLE	V
12.2	NAME	Donald L. Erwin
12.3	STREET ADDRESS	100 N. Tampa Street, Suite 2100
12.4	CITY-ST-ZIP	Tampa, FL 33602