

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

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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 # **M40845** (3)

1. Corporation Name
R.J. CODDINGTON & ASSOCIATES, P.A.



Principal Place of Business
**1132 NE 48TH ST.
POMPANO BEACH FL 33064
US**

Mailing Address
**1132 NE 48TH ST.
POMPANO BEACH FL 33064-4908
US**

3. Date Incorporated or Qualified **10/30/1986** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21	600 S. Fairway Drive	26	600 S. Fairway Drive	59-2818625	Not Applicable
Suite, Apt #, etc.		Suite, Apt #, etc.			
22	Suite 101	27	Suite 101	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	Deerfield Bch, FL	28	Deerfield Beach, FL	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	33441	29	33441		
25	USA	30	USA		

9. Name and Address of Current Registered Agent

**CODDINGTON, RONALD J.
440 S. FEDERAL HWY.
STE. 108
DEERFIELD BCH. FL 33441**

10. Name and Address of New Registered Agent

81 Name **Ronald J. Coddington**
82 Street Address (P.O. Box Number is Not Acceptable) **600 Fairway Drive**
83 **Suite 101**
84 City **Deerfield Beach** FL 85 Zip Code **33441**

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]* 4-28-97 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	POST <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CODDINGTON, RONALD J.	1.2 NAME	
STREET ADDRESS	1132 NE 48TH ST.	1.3 STREET ADDRESS	600 Fairway Drive Suite 101
CITY-ST-ZIP	POMPANO BEACH FL 33064	1.4 CITY-ST-ZIP	Deerfield Beach, FL 33441
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEILER, LELAND H	2.2 NAME	
STREET ADDRESS	1132 NE 48TH ST.	2.3 STREET ADDRESS	600 Fairway Drive Suite 101
CITY-ST-ZIP	POMPANO BEACH FL 33064	2.4 CITY-ST-ZIP	Deerfield Beach, FL 33441
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* 4-28-97 954-418-0733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)