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Mar 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 # M85214 (8)

1. Corporation Name
WILLIAM B. TIERNAN, P.A.

Principal Place of Business

C/O WILLIAM B. TIERNAN
111 CASTLE CT.
FT. PIERCE FL 34949
US

Mailing Address

% WILLIAM B. TIERNAN
111 CASTLE CT.
FT. PIERCE FL 34949-8305



2. Principal Place of Business

21 Suite, Apt. # etc. 10 Castle Court
22 City & State
23 Zip Country

2a. Mailing Address

26 Suite, Apt. # etc. 10 Castle Court
27 City & State
28 Zip Country

3. Date Incorporated or Qualified

06/08/1988

3a. Date of Last Report

06/12/1996

4. FEI Number

59-2632820

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

TIERNAN, WILLIAM B.
111 CASTLE CT.
FT. PIERCE FL 34949

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 William B. Tiernan

Signature of the principal officer or director of the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

March 4, 1997

12. OFFICERS AND DIRECTORS

TITLE D
NAME TIERNAN, WILLIAM B.
STREET ADDRESS 111 CASTLE CT.
CITY-ST-ZIP FT. PIERCE FL (10 Castle Court)

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME Change Addition

1.3 STREET ADDRESS Change Addition

1.4 CITY-ST-ZIP Change Addition

2.1 TITLE Change Addition

2.2 NAME Change Addition

2.3 STREET ADDRESS Change Addition

2.4 CITY-ST-ZIP Change Addition

3.1 TITLE Change Addition

3.2 NAME Change Addition

3.3 STREET ADDRESS Change Addition

3.4 CITY-ST-ZIP Change Addition

4.1 TITLE Change Addition

4.2 NAME Change Addition

4.3 STREET ADDRESS Change Addition

4.4 CITY-ST-ZIP Change Addition

5.1 TITLE Change Addition

5.2 NAME Change Addition

5.3 STREET ADDRESS Change Addition

5.4 CITY-ST-ZIP Change Addition

6.1 TITLE Change Addition

6.2 NAME Change Addition

6.3 STREET ADDRESS Change Addition

6.4 CITY-ST-ZIP Change Addition

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: William B. Tiernan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 4, 1997 561-464-0805
Date Daytime Phone #

CR2E034 (9/96)