

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO4170 (9)

1. Corporation Name

ACADEMY OF FLORIDA PROBATE AND TRUST LITIGATION
ATTORNEYS, INC.

Principal Place of Business

Mailing Address

%ROHAN KELLEY
3365 GALT OCEAN DRIVE
FORT LAUDERDALE FL 33308%ROHAN KELLEY
3365 GALT OCEAN DRIVE
FORT LAUDERDALE FL 33308-70023. Date Incorporated or Qualified
07/13/19843a. Date of Last Report
02/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-2463178Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KELLEY, ROHAN
3365 GALT OCEAN DRIVE
FORT LAUDERDALE FL 33308

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, hand-d or printed name of registered agent and title if applicable

Rohan Kelley

02/11/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
NAME D
STREET ADDRESS KELLEY, ROHAN
CITY-ST-ZIP 3365 GALT OCEAN DR
FT LAUDERDALE FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33308

Change Addition

2.1 TITLE
NAME D
STREET ADDRESS COKER, JEAN E. C.
CITY-ST-ZIP 6622 SOUTHPPOINT DR SO, STE 160
JACKSONVILLE FL

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP Jacksonville, FL 32216

Change Addition

3.1 TITLE
NAME D
STREET ADDRESS SMITH, SAMUEL S.
CITY-ST-ZIP 701 BRICKELL AVE, STE 1900
MIAMI BCH FL

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP Miami Beach, FL 33131

Change Addition

4.1 TITLE
NAME SD
STREET ADDRESS SMITH, WILSON
CITY-ST-ZIP 4000 SE FINANCIAL CENTER
MIAMI BCH FL

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 200 South Biscayne Blvd.
Miami, FL 33131-2398

Change Addition

5.1 TITLE
NAME TD
STREET ADDRESS PLATT, WILLIAM R.
CITY-ST-ZIP 315 E MADISON STR, STE 1024
TAMPA FL

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 600 S. Magnolia Ave., Ste. 125
Tampa, FL 33606

Change Addition

6.1 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/97

954-563-1400

Date

Daytime Phone # 0034371

CR2E037 (9/96)