

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13342 (3)

1. Corporation Name

FLORIDA LAWYERS ASSISTANCE, INC.



Principal Place of Business 261 E. OAKLAND PARK BLVD. SUITE 203 FT. LAUDERDALE FL 33306 US		Mailing Address 261 E. OAKLAND PARK BLVD. SUITE 203 FT. LAUDERDALE FL 33306 US	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip		Zip	
24		29	
Country		Country	
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KILBY, WILLIAM H. 2601 E. OAKLAND PARK BLVD., SUITE 203 FT. LAUDERDALE FL 33306		81 Name Cohen, Myer J. 82 Street Address (P.O. Box Number is Not Acceptable) 2601 E. Oakland Park Blvd., Suite 203 83 84 City Ft. Lauderdale FL 85 Zip Code 33306	
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		Myer J. Cohen, Executive Director	
Signature of officer or director of corporation		DATE June 11, 1996	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
NAME	DAVIS, G. MILES E	1.2 NAME	
STREET ADDRESS	25 W. CEDAR STREET, 4TH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	Change Addition
NAME	TUTAN, G V	2.2 NAME	
STREET ADDRESS	2900 MIDDLE STR, 5TH FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	Change Addition
NAME	GOETZ, ROGER A.	3.2 NAME	
STREET ADDRESS	POST OFFICE BOX 1881	3.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDIANA BEACH FL 32034	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	Change Addition
NAME	HANRAHAN, MICHAEL E.	4.2 NAME	
STREET ADDRESS	BOX 35042, FEDERAL BLDG.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	Change Addition
NAME	ANDERSON, DUANE	5.2 NAME	
STREET ADDRESS	100 BISCAYNE BLVD #23000	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132-2306	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	Change Addition
NAME	KILBY, WILLIAM H	6.2 NAME	
STREET ADDRESS	2601 E. OAKLAND PARK BLVD., SUITE 203	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Myer J. Cohen, ED June 11, 1996 954-566-9040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)