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Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001705 (0)

1. Corporation Name

FLORIDA SOCIETY OF PROFESSIONAL ACCOUNTANTS, INC

Principal Place of Business

Mailing Address

2265 LEE RD. STE. 103
WINTER PARK FL 327892265 LEE RD. STE. 103
WINTER PARK FL 32789-1886

3. Date Incorporated or Qualified

03/25/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHEELER, RICHARD S
1 N. ROSALIND AVE., STE. 201
ORLANDO FL 32801

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D President	<input type="checkbox"/> DELETE
NAME	Lawrence A. Fischer	
STREET ADDRESS	8487 9th Street North	
CITY-ST-ZIP	St. Petersburg, FL 33702	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	D President-Elect	<input type="checkbox"/> DELETE
NAME	Russell J. Caughey, III	
STREET ADDRESS	146-A Whitaker Road	
CITY-ST-ZIP	Lutz, FL 33549	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	D First Vice President	<input type="checkbox"/> DELETE
NAME	Warren C. Dameron	
STREET ADDRESS	7311 Little Road	
CITY-ST-ZIP	New Port Richey, FL 34654	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	D Second Vice President	<input type="checkbox"/> DELETE
NAME	H. G. Crabb	
STREET ADDRESS	5006 Trouble Creek Road	
CITY-ST-ZIP	New Port Richey, FL 34652	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D Secretary/Treasurer	<input type="checkbox"/> DELETE
NAME	Frank A. Basciano	
STREET ADDRESS	10502 Spring Hill Drive	
CITY-ST-ZIP	Spring Hill, FL 34608	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

LAWRENCE A. FISCHER, PRES. 2/10/97 407-645-2995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0012415

CR2E037 (9/96)