


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

FILED

Apr 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P93000009218 (7)</b>					
1. Corporation Name <b>MARILYN S. TREBLE, P.A.</b>					
Principal Place of Business <b>7720 DEER FOOT DR. NEW PORT RICHEY FL 34653</b>			Mailing Address <b>7720 DEER FOOT DR. NEW PORT RICHEY FL 34653-5007</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/05/1993</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report <b>03/29/1996</b>	
22. City & State		27. City & State		4. FEI Number <b>59-3170339</b>	
23. Zip		28. Zip		Applied For Not Applicable	
24. Country		29. Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26. Country		31. Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
g. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
TREBLE, MARILYN S 7720 DEER FOOT DR. NEW PORT RICHEY FL 34653			81. Name		
			82. Street Address (P.O. Box Number is Not Acceptable)		
			83. City		
			84. Zip Code		
			85. State		
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST- ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST- ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST- ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST- ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST- ZIP					
6.1 TITLE					
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <i>Marilyn S. Treble, P.A.</i> <b>3/5/97 (813) 89-2666</b>					
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)