

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000040041 (4)

1. Corporation Name
ROWLEY & GROVE P.A.



Principal Place of Business: 10550 U.S. 19 NORTH, SUITE 499, PINELLAS PARK FL 34666 US
Mailing Address: 10550 U.S. 19 NORTH, SUITE 499, PINELLA PARK FL 34666 US

3. Date Incorporated or Qualified: 06/07/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3216860
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

21. Principal Place of Business: NO SUITE #
22. Suite, Apt. #, etc.: NO SUITE #
23. City & State:
24. Zip: 25. Country: 26. Mailing Address: NO SUITE #
27. Suite, Apt. #, etc.: NO SUITE #
28. City & State:
29. Zip: 30. Country:

9. Name and Address of Current Registered Agent: ROWLEY, VINCENT C, 10550 U.S. 19 NORTH, SUITE 499, PINELLAS PARK FL 34666

10. Name and Address of New Registered Agent: 81 Name: NO SUITE #, 82 Street Address (P.O. Box Number is Not Acceptable): NO SUITE #, 83 City: NO SUITE #, 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: [Signature] DATE: 2/13/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROWLEY, VINCENT C	
STREET ADDRESS	8690 15TH ST N	
CITY - ST - ZIP	ST PETERSBURG FL 33702	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GROVE, JOHN T	
STREET ADDRESS	9813 111TH ST N	
CITY - ST - ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	13904 105th Terr. N.
2.4 CITY - ST - ZIP	Largo, FL. 34644
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any previous filings with an address.

SIGNATURE: [Signature] JOHN GROVE DATE: 2/13/96 DAYTIME PHONE #: 813-541-9000

CR2E034 (12/95)