


FILED

Apr 07 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000086020 (3)**  
 1. Corporation Name  
**R. LAWRENCE HEINKEL, P.A.**

Principal Place of Business <b>201 W. CANTON AVENUE</b> <b>SUITE#150</b> <b>WINTER PARK FL 32789</b> <b>US</b>	Mailing Address <b>201 W. CANTON AVE.</b> <b>SUITE#150</b> <b>WINTER PARK FL 32789-3144</b> <b>US</b>
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<b>2. Principal Place of Business</b> <b>21</b> Suite Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>25</b> Country <b>24</b>	<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>30</b> Country <b>29</b>
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**9. Name and Address of Current Registered Agent**

<b>HEINKEL, R. LAWRENCE</b> <b>201 W. CANTON AVE, STE#150</b> <b>SUITE 540</b> <b>WINTER PARK FL 32789</b>	<b>81</b> Name <b>82</b> Street Address <b>83</b> <b>84</b> City
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**11.** Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

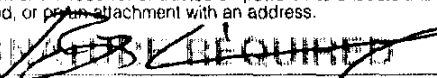
**SIGNATURE**  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required)

12. OFFICERS AND DIRECTORS		13.	
TITLE	<b>D</b> <input type="checkbox"/> DELETE <b>HEINKEL, R. LAWRENCE</b> <b>201 W. CANTON AVE., STE #150</b> <b>WINTER PARK FL</b>	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 the information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report. If the information appears in Block 12 or Block 13 if it changed, or by an attachment with an address.

**SIGNATURE:**

  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

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