

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

FILED

Apr 10 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P94000028985 (7)

1. Corporation Name:
MICHAEL S. REESER, P.A.

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|---|--|
| Principal Place of Business 2708 ALTERNATE 19 NORTH SUITE 701 PALM HARBOR FL 34683 US | Mailing Address 2708 ALTERNATE 19 NORTH SUITE 701 PALM HARBOR FL 34683-2644 US |
|---|--|



| | |
|---|---|
| 2. Principal Place of Business 21 31115 U.S. Hwy 19 North Suite, Apt. #, etc. 22 City & State 23 Palm Harbor FL Zip 24 34684 Country 25 USA | 2a. Mailing Address 26 31115 U.S. Hwy 19 North Suite, Apt. #, etc. 27 City & State 28 Palm Harbor, FL Zip 29 34684 Country 30 USA |
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|---|--|
| 3. Date Incorporated or Qualified 04/15/1994 | 3a. Date of Last Report 01/24/1996 |
| 4. FEI Number 59-3236242 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

8. Name and Address of Current Registered Agent
**REESER, MICHAEL S
2708 ALTERNATE 19 NORTH
SUITE 701
PALM HARBOR FL 34683**

| |
|---|
| 81 Name Reeser, Michael S. |
| 82 Street Address (P.O. Box Number is Not Acceptable) 31115 U.S. Hwy 19 North |
| 83 |
| 84 City Palm Harbor |
| 85 Zip Code FL 34684 |

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 | |
|---|---------------------------------|--|--|
| TITLE PSTD | <input type="checkbox"/> DELETE | 1.1 TITLE PSTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME REESER, MICHAEL S | | 1.2 NAME Reeser, Michael S. | |
| STREET ADDRESS 2708 ALT 19N STE 701 | | 1.3 STREET ADDRESS 31115 U.S. Hwy 19 North | |
| CITY - ST - ZIP PALM HARBOR FL | | 1.4 CITY - ST - ZIP Palm Harbor FL 34684 | |
| TITLE <input type="checkbox"/> DELETE | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97 (813) 787-5919
Date Daytime Phone #

CR2E034 (9/96)