

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

FILED

Jan 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000054174 (5)**

1. Corporation Name
J. WESLEY HOWZE, JR., P.A.

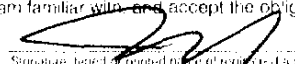


Principal Place of Business 6767 N WICKHAM ROAD SUITE 400 MELBOURNE FL 32940 US	Mailing Address 6767 W WICKHAM ROAD SUITE 400 MELBOURNE FL 32940-2025 US
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2. Principal Place of Business 21 6769 N. WICKHAM RD Suite, Apt. #, etc. 22 B-104 City & State 23 NO CHANGE Zip 24 NO CHANGE		2a. Mailing Address 26 6769 N. WICKHAM RD. Suite, Apt. #, etc. 27 B-104 City & State 28 SAME Zip 29 SAME		3. Date Incorporated or Qualified 07/21/1994		3a. Date of Last Report 02/15/1996	
		4. FEI Number 59-3254892		Applied For 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			
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent HOWZE, J WESLEY JR 6767 N WICKHAM ROAD SUITE 400 MELBOURNE FL 32940				10. Name and Address of New Registered Agent 81 Name SAME 82 Street Address (P.O. Box Number is Not Acceptable) 6769 N. WICKHAM RD., STE B-104 83 84 City SAME FL 85 Zip Code SAME			
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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  **J.A.** **1/10/97**
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOWZE, J WESLEY JR			1.2 NAME	HOWZE, J. WESLEY, JR.		
STREET ADDRESS	6767 N WICKHAM ROAD, SUITE 400			1.3 STREET ADDRESS	6769 N. WICKHAM RD., STE B-104		
CITY-ST-ZIP	MELBOURNE FL			1.4 CITY-ST-ZIP	MELBOURNE, FL. 32940		
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:  **1/10/97** **407/259-6611**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

0105161

CR2E034 (9/96)