

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

**FILED**

**Mar 17 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000061073 (0)**  
1. Corporation Name  
**LAQUIDARA, EDWARDS, COHEN & JACOBS, P.A.**



Principal Place of Business <b>THE GREENLEAF BLDG., 12TH FLOOR 200 NORTH LAURA STREET JACKSONVILLE FL 32202 US</b>	Mailing Address <b>THE GREENLEAF BLDG., 12TH FLOOR 200 NORTH LAURA STREET JACKSONVILLE FL 32202 US</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	<b>26</b> 2a. Mailing Address Suite, Apt. #, etc. City & State Zip	<b>22</b> 2. Principal Place of Business City & State	<b>27</b> 2a. Mailing Address City & State	<b>23</b> 2. Principal Place of Business Country	<b>28</b> 2a. Mailing Address Country	<b>24</b> 2. Principal Place of Business Country	<b>29</b> 2a. Mailing Address Country	<b>30</b> 2. Principal Place of Business Country	<b>30</b> 2a. Mailing Address Country
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<b>3.</b> Date Incorporated or Qualified <b>08/09/1994</b>		
<b>4.</b> FEI Number <b>59-3252937</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**9. Name and Address of Current Registered Agent**  
**LAQUIDARA, CINDY  
200 NORTH LAURA STREET  
TWELFTH FLOOR  
JACKSONVILLE FL 32202**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LAQUIDARA, CINDY</b>
STREET ADDRESS	<b>1629 RIVERPLACE TOWER, 1301 RIVERPLACE BLV</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>EDWARDS, DAVID</b>
STREET ADDRESS	<b>1629 RIVERPLACE TOWER, 1301 RIVERPLACE BLV</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>
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	<b>President, Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>200 N. Laura St. Twelfth Floor</b>
1.4 CITY-ST-ZIP	<b>Jacksonville FL 32202</b>
2.1 TITLE	<b>Vice President, Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>200 N. Laura St. Twelfth Floor</b>
2.4 CITY-ST-ZIP	<b>Jacksonville FL 32202</b>
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 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.

*Cindy Laquidara*

*2-10-98*

CR2E034 (10/97)