

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

FILED

Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000075312 (6)**

1. Corporation Name  
**BRUCE D. JORDAN, P.A.**

Principal Place of Business

**970 PLANTATION RD  
SSCP  
CAPTIVA ISLAND FL 33924  
US**

Mailing Address

**16268 KELLY WOODS DRIVE  
FT MYERS FL 33908-3143**



3. Date Incorporated or Qualified <b>10/10/1994</b>	3a. Date of Last Report <b>03/07/1996</b>
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2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt., #, etc.

26 Suite, Apt., #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

**JORDAN, BRUCE D  
16268 KELLY WOODS DRIVE  
FT MYERS FL 33908**

4. FEI Number <b>65-0529071</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 of registered agent or principal name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PVST</b>	<input type="checkbox"/> DELETE
NAME	<b>JORDAN, BRUCE D</b>	
STREET ADDRESS	<b>16268 KELLY WOODS DRIVE</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33908</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JORDAN, BRUCE D</b>	
STREET ADDRESS	<b>16268 KELLY WOODS DRIVE</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33908</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		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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: *Bruce D. Jordan, P.A.* **BRUCE D. Jordan, P.A.** Date **4/19/97** Daytime Phone # **941 472 1994**

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CR2E034 (9/96)