

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000087579 (6)**

1. Corporation Name

UNGER, CACCIATORE & SWARTWOOD, P.A.



Principal Place of Business

Mailing Address

% MAHONEY ADAMS & CRISER PA
50 N LAURA ST 3400 BARNETT CENTER
JACKSONVILLE FL

% MAHONEY ADAMS & CRISER PA
50 N LAURA ST 3400 BARNETT CENTER
JACKSONVILLE FL

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

3a. Date of Last Report

12/02/1994

04/18/1995

4. FEI Number

Applied For

59-3280484

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNGER, MARTIN B.
790 N. ORANGE AVE.
ORLANDO FL 32801

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 (if not the registered agent)

Signature of all Agents (if not the registered agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DP
NAME: UNGER, MARTIN B
STREET ADDRESS: 790 N. ORANGE AVE.
CITY-STATE-ZIP: ORLANDO FL

11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY-STATE-ZIP:

TITLE: ~~VP~~
NAME: ~~WILLIS, JOHN C. III~~
STREET ADDRESS: ~~790 N. ORANGE AVE.~~
CITY-STATE-ZIP: ~~ORLANDO FL~~

21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY-STATE-ZIP:

TITLE: ST
NAME: CACCIATORE, JOHN M.
STREET ADDRESS: 790 N. ORANGE AVE.
CITY-STATE-ZIP: ORLANDO FL

31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY-STATE-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY-STATE-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY-STATE-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 CITY-STATE-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attached sheet with an address.

SIGNATURE: *Martin B. Unger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN B. UNGER 1-29-96 407 425 6880
DATE DAY/MONTH/YEAR

CR2E034 (12/95)