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**Apr 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000087579 (6)

1. Corporation Name
UNGER, SWARTWOOD, LATHAM & WHITAKER, P.A.



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| Principal Place of Business % MAHONEY ADAMS & CRISER PA 50 N LAURA ST 3400 BARNETT CENTER JACKSONVILLE FL | Mailing Address % MAHONEY ADAMS & CRISER PA 50 N LAURA ST 3400 BARNETT CENTER JACKSONVILLE FL 32202-3664 |
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| 3. Date Incorporated or Qualified 12/02/1994 | 3a. Date of Last Report 02/14/1996 |
| 4. FEI Number 59-3280484 | 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 |
| 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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| 2. Principal Place of Business 21 1301 Riverplace Blvd. Suite, Apt. #, etc. 22 Suite 1301 City & State 23 Jacksonville, FL Zip 24 32207 Country 25 USA | 2a. Mailing Address 26 1301 Riverplace Blvd. Suite, Apt. #, etc. 27 Suite 1301 City & State 28 Jacksonville, FL Zip 29 32207 Country 30 USA |
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| 9. Name and Address of Current Registered Agent UNGER, MARTIN B. 790 N. ORANGE AVE. ORLANDO FL 32801 | 10. Name and Address of New Registered Agent 81 Name MOTOLAW, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 1301 Riverplace Blvd. 83 Suite 1301 84 City Jacksonville FL 85 Zip Code 32207 |
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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: Peter Lawson, as President DATE: 4-16-97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---------------------------------------------|------------------------------------|-------------------------------------------------------|---------------------------------------------|
| TITLE DP | NAME UNGER, MARTIN B | 1.1 TITLE D/P/S/T | 1.2 NAME Unger, Martin B. |
| STREET ADDRESS 790 N. ORANGE AVE. | CITY-ST-ZIP ORLANDO FL | 1.3 STREET ADDRESS 790 N. Orange Avenue | 1.4 CITY-ST-ZIP Orlando, FL 32801 |
| TITLE V | NAME WILLIS, JOHN C. I | 2.1 TITLE | 2.2 NAME |
| STREET ADDRESS 790 N. ORANGE AVE. | CITY-ST-ZIP ORLANDO FL | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP |
| TITLE ST | NAME CACCIATORE, JOHN M. | 3.1 TITLE | 3.2 NAME |
| STREET ADDRESS 790 N. ORANGE AVE. | CITY-ST-ZIP ORLANDO FL | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP |
| TITLE | NAME | 4.1 TITLE | 4.2 NAME |
| STREET ADDRESS | CITY-ST-ZIP | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP |
| TITLE | NAME | 5.1 TITLE | 5.2 NAME |
| STREET ADDRESS | CITY-ST-ZIP | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP |
| TITLE | NAME | 6.1 TITLE | 6.2 NAME |
| STREET ADDRESS | CITY-ST-ZIP | 6.3 STREET ADDRESS | 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] DATE: 4/11/97 DAYTIME PHONE #: 407-325-6880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)