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FILED
Apr 18 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 # P95000000119 (4)

1. Corporation Name
FELDMAN URBAN ASSOCIATES, P.A.



Principal Place of Business
1511 SW 1ST AVENUE
OCALA FL 34474
US

Mailing Address
P.O. DRAWER 9199
OCALA FL 34479-3190
US

3. Date Incorporated or Qualified **01/01/1995** 3a. Date of Last Report **04/17/1996**

2. Principal Place of Business
1511 SW 1ST AVE

2a. Mailing Address
1511 SW 1ST AVE

22. Suite, Apt. #, etc.

23. City & State
OCALA FL

24. Zip **34474** Country **USA**

4. FEI Number **59-3284887** Applied For 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
PONTES, DAVID A
804 N FRANKLIN ST SUITE 2000
TAMPA FL 33602

10. Name and Address of New Registered Agent
ANTHONY DEARDINO
2101 W COMMERCIAL BLVD STE 4800
FT LAUDERDALE FL 33309

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]* **ANTHONY DEARDINO** DATE **3-24-97**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input checked="" type="checkbox"/>
NAME	URBAN, PAUL L	
STREET ADDRESS	1511 SW 1ST AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/>
NAME	FELDMAN, ROBERT L	
STREET ADDRESS	1511 SW 1ST AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	V	<input checked="" type="checkbox"/>
NAME	FRANK J HILDNER	
STREET ADDRESS	1511 SW 1ST AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE	V	<input checked="" type="checkbox"/>
NAME	THOMAS J WARGOVICH	
STREET ADDRESS	1511 SW 1ST AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
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 in an attachment with an address.

SIGNATURE *[Signature]*

CR2E034 (9/96)