


FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jun 13 1997 8:00am  
Secretary of State

ALA. 1997  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P95000011962</b> 1. Corporation Name <b>Charles E Driscoll Inc.</b>	
Principal Place of Business <b>1001 Copley Ct. Lake Worth FL 33462</b>	
Mailing Address <b>1001 Copley Ct. Lake Worth FL 33462</b>	
2. Principal Place of Business <b>21 13692 Orange Blvd.</b> Suite, Apt. #, etc. <b>22</b>	
2a. Mailing Address <b>26 13692 Orange Blvd.</b> Suite, Apt. #, etc. <b>27</b>	
City & State <b>23 West Palm Bch FL</b> Zip <b>24 33412</b>	
City & State <b>28 West Palm Bch FL</b> Zip <b>29 33412</b>	
Country <b>25 USA</b>	
Country <b>30 USA</b>	
9. Name and Address of Current Registered Agent <b>Trudi R. Driscoll</b> <b>13692 Orange Blvd.</b> <b>West Palm Bch FL 33412</b>	
10. Name and Address of New Registered Agent <b>Trudi R. Driscoll</b> <b>13692 Orange Blvd.</b> <b>West Palm Bch FL 33412</b>	
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 <b>Trudi R. Driscoll</b> DATE <b>6-9-97</b>	
12. OFFICERS AND DIRECTORS TITLE <b>Owner/President</b> <input type="checkbox"/> DELETE NAME <b>Charles E Driscoll</b> STREET ADDRESS <b>13692 Orange Blvd</b> CITY-ST-ZIP <b>West Palm Bch FL 33412</b> TITLE <b>Secretary/Treasurer</b> <input type="checkbox"/> DELETE NAME <b>Trudi R. Driscoll</b> STREET ADDRESS <b>13692 Orange Blvd</b> CITY-ST-ZIP <b>West Palm Bch FL 33412</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	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 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: <b>Charles E Driscoll</b> DATE: <b>6-9-97</b> DAYTIME PHONE: <b>561-795-1327</b>	

CR2E034 (9/96)