

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 # **P95000020599 (3)**

1. Corporation Name
ELLEN E. WARE, P.A.



Principal Place of Business: **324 S. HYDE PARK AVE. SUITE 250 TAMPA FL 33606**
Mailing Address: **324 S. HYDE PARK AVE. SUITE 250 TAMPA FL 33606**

3. Date Incorporated or Qualified: **03/13/1995**
3a. Date of Last Report: **None**
4. FEI Number: **59-3311046**
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

2. Principal Place of Business
21. **600 Magnolia Avenue**
Suite, Apt. #, etc.: **Suite 225**
City & State: **Tampa, Florida**
Zip: **33606** Country: **Hillsborough**
2a. Mailing Address
26. **600 Magnolia Avenue**
Suite, Apt. #, etc.: **Suite 225**
City & State: **Tampa, Florida**
Zip: **33606** Country: **Hillsborough**

9. Name and Address of Current Registered Agent
**NEAL, A R
13577 FEATHER SOUND DR.
SUITE 300
CLEARWATER FL 34641**

10. Name and Address of New Registered Agent
81. Name: **Ellen E. Ware**
82. Street Address (P.O. Box Number is Not Acceptable): **600 Magnolia Avenue Suite 225**
83. **600 Magnolia Avenue**
84. City: **Tampa** FL 85. Zip Code: **33606**

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]* **Ellen E. Ware** DATE: **April 30, 1996**

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	Ellen E. Ware	
STREET ADDRESS	600 Magnolia Avenue	
CITY-ST-ZIP	Tampa, FL 33606	
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

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ellen E. Ware	
1.3 STREET ADDRESS	600 Magnolia Avenue, Suite 225	
1.4 CITY-ST-ZIP	Tampa, FL 33606	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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)(c), 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 given an attachment with an address.

SIGNATURE: *[Signature]* **Ellen E. Ware**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 813-254-8500

CR2E034 (12/95)