

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED AND FILED *fg 10/2*

1997 JUL 23 PM 12:52

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000026238 (2)**

1. Corporation Name
LAURA ANNE OLSON, P.A.



Principal Place of Business 3820 NORTHALE BLVD SUITE 312B TAMPA FL 33624	Mailing Address P.O. BOX 499 TAMPA FL 33601-0499 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>712 South Oregon Ave</i> Suite, Apt. #, etc.	2a. Mailing Address 26 <i>712 South Oregon Ave</i> Suite, Apt. #, etc.
22 <i>Tampa, FL</i> City & State	27 <i>Tampa, FL</i> City & State
23 <i>33606</i> Zip	28 <i>33606</i> Zip
24 Country 25 <i>USA</i>	29 Country 30 <i>WA</i>

3. Date Incorporated or Qualified 03/30/1995	3a. Date of Last Report 06/25/1996
4. FEI Number 59-3315548	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**OLSON, LAURA A
 13131 S HOWARD AVENUE
 TAMPA FL 33606**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PSTD <input type="checkbox"/> DELETE
NAME	OLSON, LAURA A
STREET ADDRESS	13131 S HOWARD AVE <i>619 Ontario Ave</i>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	000002247870
2.4 CITY-ST-ZIP	-07/24/97--01098--019 ***165.00 ***165.00
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 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 _____ DATE *7/13/1997* (012)263 2073

CRCE034 (4/97)

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LAWGROUP
A PROFESSIONAL ASSOCIATION

ATTORNEYS AT LAW

LAURA A. OLSON
DAVID C. BEARDEN
712 SOUTH OREGON AVENUE
TAMPA, FLORIDA 33606

TELEPHONE/FAX: (813) 253-3073

July 21, 1997

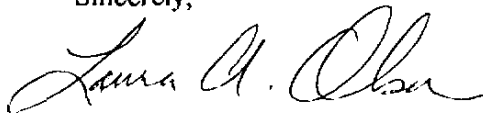
Florida Department of State
Annual Report Filings
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To whom it may concern:

My business relocated in October 1996. A notice of change of address was sent to the Division of Corporations. Despite this notice of change of address, the 1997 Annual Report Packet was sent to a prior address. Only recently was that mail forwarded to my new office, and by that time the second notice, along with a penalty, had already been distributed. Upon receipt, I immediately called the Division of Corporations at (904) 488-9000, and alerted the Division of Corporations of this problem. I was told to send a check in the amount of \$165.00 to the above address along with this letter.

Thank you for accepting payment without the \$385.00 late fee. The correct address for future mailings is: Laura Anne Olson, P.A., 712 S. Oregon Avenue, Tampa, Florida 33606. If you have any questions, please call me at the above number.

Sincerely,



Laura A. Olson

LAO/ng