

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000037413 (8)**

1. Corporation Name

SCOTT T. JOHNI, P.A. ATTORNEY AT LAW



Principal Place of Business 5415 MARINER ST., STE. 109 TAMPA FL 33609	Mailing Address 5415 MARINER ST., STE. 109 TAMPA FL 33609-3413
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2. Principal Place of Business 21 634 40th Avenue N. Suite, Apt. #, etc.		2a. Mailing Address 26 634 40th Avenue N. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/09/1995	3a. Date of Last Report 05/01/1996
22 City & State 23 St. Petersburg, FL Zip 24 33703		27 City & State 28 St. Petersburg, FL Zip 29 33703		4. FEI Number 59-3316331	Applied For Not Applicable
25 USA		30 USA		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
26 USA		31 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
27 USA		32 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JOHNI, SCOTT T 5415 MARINER ST., STE. 109 TAMPA FL 33609		10. Name and Address of New Registered Agent 81 Name JOHNI, SCOTT T 82 Street Address (P.O. Box Number is Not Acceptable) 634 40th Avenue N. 83 84 City St. Petersburg FL 85 Zip Code 33703	
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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: *Scott T. Johni* Pres **SCOTT T. JOHNI, Pres.** DATE: **4-15-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTS JOHNI, SCOTT T 634 40TH AVENUE N ST PETERSBURG FL 33703	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Scott T. Johni* DATE: **4-15-97** (813) 286-2811

CR2E034 (9/96)