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Jan 15 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 # P95000040584 (1)

1. Corporation Name: DRS. PERRY, PERRY AND ASSOCIATES, SANFORD, P.A.



Principal Place of Business: 9024 GREAT HERON CIRCLE ORLANDO FL 32836
Mailing Address: 9024 GREAT HERON CIRCLE ORLANDO FL 32836-5483

3. Date Incorporated or Qualified: 05/23/1995
3a. Date of Last Report: 01/24/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
4. FEI Number: 59-3314695
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent: PERRY, MARK E O.D. 9024 GREAT HERON CIRCLE ORLANDO FL 32836

10. Name and Address of New Registered Agent (81-85)

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] DATE: [Blank]

12. OFFICERS AND DIRECTORS (Table with columns for Title, Name, Street Address, City-St-Zip, and a DELETED checkbox)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (Table with columns for Title, Name, Street Address, City-St-Zip, and Change/Addition checkboxes)

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: [Signature] DATE: 1/10/97 DAYTIME PHONE #: (409) 897-3502

CR2E034 (9/96)