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 # **P95000051107 (7)**

1. Corporation Name

LAW OFFICES OF STEVEN P. RILEY, P.A.

Principal Place of Business	Mailing Address
3333 W. HENDERSON BLVD. #150 TAMPA FL 33609	3333 W. HENDERSON BLVD. #150 TAMPA FL 33609

3. Date Incorporated or Qualified: **06/28/1995**

3a. Date of Last Report:

4. FEI Number: 59-3322419 ☐ Applied For ☐ Not Applicable

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 subscribed for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

RILEY, STEVEN P ESQ.
3333 W. HENDERSON BLVD. #150
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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. The party accepting the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	RILEY, STEVEN P ESQ.	2 NAME	
STREET ADDRESS	3333 W. HENDERSON BLVD. #150	3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	4 CITY-ST-ZIP	
TITLE	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		7 STREET ADDRESS	
CITY-ST-ZIP		8 CITY-ST-ZIP	
TITLE	☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME		10 NAME	
STREET ADDRESS		11 STREET ADDRESS	
CITY-ST-ZIP		12 CITY-ST-ZIP	
TITLE	☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME		14 NAME	
STREET ADDRESS		15 STREET ADDRESS	
CITY-ST-ZIP		16 CITY-ST-ZIP	
TITLE	☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME		18 NAME	
STREET ADDRESS		19 STREET ADDRESS	
CITY-ST-ZIP		20 CITY-ST-ZIP	
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is complete, accurate and does not omit, for the purpose of exemption stated in Section 119.07(3)(i), Florida Statutes, any material fact. 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 added by an attached amendment, or on an attachment with an address.

SIGNATURE: STEVEN P. RILEY 3/14/96 813-877-4357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number