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May 14 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 # P95000055096 (8)

1. Corporation Name
LAW OFFICES OF MARY DELANEY RASPET, P.A.



Principal Place of Business: 5700 ST. AUGUSTINE ROAD #104 JACKSONVILLE FL 32207
Mailing Address: P.O. BOX 24884 JACKSONVILLE FL 32241-4884

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 2821 BOLTON RD.		26 P.O. Box 24884		07/08/1995	05/01/1996
22 A		27 -		4. FEI Number	Applied For
23 ORANGE PARK, FL		28 JACKSONVILLE, FL		59-3324920	Not Applicable
24 32073		29 32241		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 U.S.		30 U.S.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RASPET, MARY D 12637 PLUMMER GRANT ROAD JACKSONVILLE FL 32258				B1 Name RASPET, MARY D			
				B2 Street Address (P.O. Box Number is Not Acceptable) 4121 SADDLEHORN TRAIL			
				B3			
				B4 City MIDDLEBURG FL 85 Zip Code 32068			

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: *Mary Delaney Raspet* MARY DELANEY RASPET PSTD 4/26/97 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD RASPET, MARY D 12637 PLUMMER GRANT ROAD JACKSONVILLE FL 32258	1.1 TITLE	PSTD RASPET, MARY D 4121 SADDLEHORN TRAIL MIDDLEBURG, FL 32068
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY- ST- ZIP		1.4 CITY- ST- ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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: X *Mary Delaney Raspet* MARY DELANEY RASPET PSTD 4/26/97 276-0100 (904)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)