FILE NOW: FILING FEE PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPA Sandra Secreta	S \$225.00 HTMENT OF STATE B. Mortham ary of Stale CORPORATIONS	
DOCUN 1. Corporation THE 1	NENT # P95 Name TOUCH-TONE LAWYER,	000058111 (2 INC.	2)	
Principal Place of Business 50 N. LAURA STREET SUITE 3100 JACKSONVILLE FL 32202		Mailing Address 50 N. LAURA STREE SUITE 3100 JACKSONVILLE FL 3		3. Date Incorporated or Qualified 3a. Date of Last Report
 Principal Plac Suite, Apt. #, City & State City & State 		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State		07/21/1995 4. FEI Number Applied For 5. Certificate of Status Desired Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be
Zip 24	Country 25 9. Name and Address of Cur	28 Zip 29 rent Begistered Agent	Country 30	Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent
 BRANT, WILLIAM P 1365 CADDELL DR. JCKSONVILLE FL 32217 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, or registered agent, or both, in the State of Florida. Such change was authorized familiar with, and accept the obligations of. Section 607.0505. Florida Statutes 			83 84 City	Idress (P.O. Box Number is Not Acceptable)
SIGNATURE	gnature, typesd or printed nar ic of rugisteriud av OFFICERS /	ent and toe it applicable. (NOI - NDD DIRECTORS	d by the corporation's Lx - Registered Agent signature reco 13.	red when reiotation
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P LUDWIG, JEFFREY R 50 N. LAURA STREET, S JACKSONVILLE FL 3220		1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP	Change D Addition 15
TITLE NAME STREET ADURESS CITY-ST-ZIP	D/S/T BRANT, WILLIAM P 50 N. LAURA STREET, S JACKSONVILLE FL 3220	CJ DELETE SUITE 3100 2	2 1 THLE 2 2 NAME 2 3 STREE1 ADDRESS 2 4 CITY - S1 - ZIP	Change D Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP			3 1 THLE 32 NAME 33 STREET ADDRESS 3.4 CHY - ST - ZIP	Change [] Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		[] DELETE	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5.4 CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the intermedian excellen		6 1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Change Addition
oath; that I ar	m an officer or director of the corr lock 12 or Block 12 if changed, o	3 with this hing is voluntarily furnish inual report or supplemental annua coration or the receiver or trustee e r on an atlachment with an addres	Prosident to execute the second account of the second seco	for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further rate and that my signature shall have the same legal effect as if made under his report as required by Chapter 607, Florida Statutes; and that my name 904-353-3/00