

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000081538 (7)

1. Corporation Name

STOCK & ASSOCIATES, P.A.

Principal Place of Business  
600 49TH STREET NORTH, SUITE C  
ST. PETERSBURG FL 33710

Mailing Address  
800 49TH STREET NORTH, SUITE C  
ST. PETERSBURG FL 33710-7300

2. Principal Place of Business

21 *1800 Winchester Rd N*  
Suite, Apt. #, etc.  
22 *St Pete, FL 33710*

City & State

23

Zip

24 *33710*

Country

25 *Pineelas*

26

Zip

27 *33710*

28

Country

29 *Pineelas*

30

9. Name and Address of Current Registered Agent

STOCK, SHARON L  
600 49TH STREET NORTH, SUITE C  
ST. PETERSBURG FL 33710

3. Date Incorporated or Qualified <i>10/20/1995</i>	8a. Date of Last Report <i>04/03/1996</i>
4. FEI Number <i>59-3338975</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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 type="checkbox"/> No	
10. Name and Address of New Registered Agent	
81 Name <i>same agent - Sharon Stock</i>	82 Street Address P.O. Box Number is Not Acceptable <i>1800 Winchester Rd N</i>
83	<i>St Pete, FL</i>
84 City <i>St Petersburg</i>	85 Zip Code <i>FL 3370</i>

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, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

CR2E034 (9/96)

12. OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<i>STO</i> STOCK, SHARON L 600 49TH ST NORTH, SUITE C ST PETERSBURG FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<i>See address change</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE	<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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
May 02 1997 8:00am  
Secretary of State



Date

Daytime Phone #

0377294