

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 # P95000091905 (6)

Corporation Name

J. WHITE & ASSOCIATES, INC.

FILED
Mar 12 1997 8:00am
Secretary of State



Principal Place of Business		Mailing Address	
303 WILKINSON RD SUITE F-2 ORLANDO FL 32811		206 E AMELIA ST ORLANDO FL 32801-1304 US	
Principal Place of Business		Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
25		27	
26		28	
29		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WILLIS, DAVID C 225 E ROBINSON ST SUITE 600 ORLANDO FL 32801		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 607.1508, 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	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME		1.2 NAME			
1.3 STREET ADDRESS		1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP		1.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.1 TITLE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME		2.2 NAME			
2.3 STREET ADDRESS		2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP		2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME		3.2 NAME			
3.3 STREET ADDRESS		3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP		3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME		4.2 NAME			
4.3 STREET ADDRESS		4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME		5.2 NAME			
5.3 STREET ADDRESS		5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME		6.2 NAME			
6.3 STREET ADDRESS		6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP		6.4 CITY - ST - ZIP		<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]* 3-6-97 1-407-453-2443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)