

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 03 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 # P96000022053 (8)

1. Corporation Name  
 LAW OFFICES OF ROBERT R. JENNINGS, JR. P.A.



Principal Place of Business: 9360 SUNSET DR. SUITE 250 MIAMI FL 33173-3273  
 Mailing Address: 9360 SUNSET DR. SUITE 250 MIAMI FL 33173-3273

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 9485 Sunset Drive		26 9485 Sunset Drive		03/11/1996			
22 Suite A-270		27 Suite A-270		4. FEI Number		Applied For	
23 Miami, Florida		28 Miami, Florida		65-0766542		Not Applicable	
24 33173		25 U.S.A		29 33173		30 U.S.A	
5. Certificate of Status Desired				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
<input type="checkbox"/>				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
6. Election Campaign Financing Trust Fund Contribution				7. Additional Fee Required			
<input type="checkbox"/>				\$8.75			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				9. Additional Fee Required			
<input type="checkbox"/>				\$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent

JENNINGS, ROBERT R JR  
 9360 SUNSET DR, SUITE 250  
 MIAMI FL 33173-3273

10. Name and Address of New Registered Agent

81 Name: Jennings, Robert R., Jr.  
 82 Street Address (P.O. Box Number is Not Acceptable): 9485 Sunset Drive  
 83 Suite A-270  
 84 City: Miami FL 85 Zip Code: 33173

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] DATE: 08/28/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, ROBERT R JR	1.2 NAME	Robert Jennings, Jr.
STREET ADDRESS	9360 SUNSET DR, SUITE 250	1.3 STREET ADDRESS	9485 Sunset Drive, Suite A-270
CITY-ST-ZIP	MIAMI FL 33173-3273	1.4 CITY-ST-ZIP	Miami, Fla. 33173
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

CP2E034 (4/97)