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Jan 22 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 # P96000047193 (3)

1. Corporation Name
MABRY EDWARDS, C.P.A., P.A.
DIBIA MABRY EDWARDS & COMPANY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

Principal Place of Business: 4110 SOUTHPOINT BLVD #230 JACKSONVILLE FL 32216-0928
Mailing Address: 4110 SOUTHPOINT BLVD #230 JACKSONVILLE FL 32216-0928



3. Date Incorporated or Qualified: 06/04/1996
3a. Date of Last Report
4. FEI Number: 59-3381925
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country: DUVAL
25. Country: DUVAL
26. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country: DUVAL
30. Country: DUVAL

9. Name and Address of Current Registered Agent
EDWARDS, MABRY JR.
8176 BLUE JAY LANE
JACKSONVILLE FL 32256-7201

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE: PD
NAME: EDWARDS, MABRY JR.
STREET ADDRESS: 8176 BLUE JAY LANE
CITY-STATE-ZIP: JACKSONVILLE FL 32256-7201
[DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: [Change] [Addition]
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE: SIT
2.2 NAME: EDWARDS, LINDA R.
2.3 STREET ADDRESS: 8176 BLUE JAY LANE
2.4 CITY-STATE-ZIP: JACKSONVILLE, FL 32256-7201
[Change] [Addition]
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE: 500002066386
5.2 NAME: -01/23/97--01054--037
5.3 STREET ADDRESS: ***165.00
[Change] [Addition]
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP
[Change] [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 or changed, or both, in attachment with an address.

SIGNATURE: MABRY EDWARDS, C.P.A., P.A. ITS PRESIDENT
Date: 12/31/96
Phone: (904) 281-0808

CR2E034 (9/96)