

3-11-97 B-3135 C
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 Mar 17 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 # P96000058296 (0)

1. Corporation Name
 MILAM OTERO LARSEN DAWSON & TRAYLOR, P.A.



Principal Place of Business Mailing Address
 1301 RIVERPLACE BLVD. 1301 RIVERPLACE BLVD.
 SUITE 1307 SUITE 1307
 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207-8047

3. Date Incorporated or Qualified 07/10/1996
 3a. Date of Last Report
 4. FEI Number 59-3387934 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 No

2. Principal Place of Business 2a. Mailing Address
 21 1301 Riverplace Blvd 26 1301 Riverplace Blvd.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 Suite 1301 27 Suite 1301
 City & State City & State
 23 Jacksonville, FL 28 Jacksonville, FL
 Zip Country Zip Country
 24 32207 25 USA 29 32207 30 USA

9. Name and Address of Current Registered Agent
 TRAYLOR, W H
 1301 RIVERPLACE BLVD.
 SUITE 1307
 JACKSONVILLE FL

10. Name and Address of New Registered Agent
 81 Name Traylor, W.H.
 82 Street Address (P.O. Box Number is Not Acceptable) 1301 Riverplace Blvd.
 83 Suite 1301
 84 City Jacksonville FL 85 Zip Code 32207

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	MILAM, ARTHUR M	
STREET ADDRESS	1301 RIVERPLACE BLVD. SUITE 1303	
CITY, ST, ZIP	JACKSONVILLE FL 32207	
TITLE	D	DELETE
NAME	OTERO, DAVID E	
STREET ADDRESS	1301 RIVERPLACE BLVD. SUITE 1303	
CITY, ST, ZIP	JACKSONVILLE FL 32207	
TITLE	D	DELETE
NAME	LARSEN, PETER O	
STREET ADDRESS	1301 RIVERPLACE BLVD. SUITE 1303	
CITY, ST, ZIP	JACKSONVILLE FL 32207	
TITLE	D	DELETE
NAME	DAWSON, GREGORY M	
STREET ADDRESS	1301 RIVERPLACE BLVD. SUITE 1303	
CITY, ST, ZIP	JACKSONVILLE FL 32207	
TITLE	D	DELETE
NAME	TRAYLOR, W H	
STREET ADDRESS	1301 RIVERPLACE BLVD. SUITE 1303	
CITY, ST, ZIP	JACKSONVILLE FL 32207	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	Change	Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	S	Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	P	Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
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.

SIGNATURE: *W H Traylor* 3/7/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)