

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000058296 (0)

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



Principal Place of Business 1301 RIVERPLACE BLVD. STE. 1307 JACKSONVILLE FL 32207 US	Mailing Address 1301 RIVERPLACE BLVD. STE. 1301 JACKSONVILLE FL 32207 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc Suite 1301 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 07/10/1996	4. FEI Number 59-3387934	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**TRAYLOR, W H
 1301 RIVERPLACE BLVD.
 STE. 1301
 JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

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 607.0549 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 _____
Signature typed or printed name of registered agent and title if applicable (N/A) Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE V	<input type="checkbox"/> DELETE	1.1 TITLE D/V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MILAM, ARTHUR M		1.2 NAME Suite 1301	
STREET ADDRESS 1301 RIVERPLACE BLVD. SUITE 1303		1.3 STREET ADDRESS Suite 1301	
CITY-ST-ZIP JACKSONVILLE FL		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE V/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME OTERO, DAVID E		2.2 NAME Suite 1301	
STREET ADDRESS 1301 RIVERPLACE BLVD. SUITE 1303		2.3 STREET ADDRESS Suite 1301	
CITY-ST-ZIP JACKSONVILLE FL 32207		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LARSEN, PETER O		3.2 NAME Suite 1301	
STREET ADDRESS 1301 RIVERPLACE BLVD. SUITE 1303		3.3 STREET ADDRESS Suite 1301	
CITY-ST-ZIP JACKSONVILLE FL 32207		3.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE V/D/S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DAWSON, GREGORY M		4.2 NAME Suite 1301	
STREET ADDRESS 1301 RIVERPLACE BLVD. SUITE 1303		4.3 STREET ADDRESS Suite 1301	
CITY-ST-ZIP JACKSONVILLE FL		4.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	5.1 TITLE V/D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TRAYLOR, W H		5.2 NAME Traylor, W. Hamilton	
STREET ADDRESS 1301 RIVERPLACE BLVD. SUITE 1303		5.3 STREET ADDRESS Suite 1301	
CITY-ST-ZIP JACKSONVILLE FL		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 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: Peter Larsen as President 1-5-98 904/398-3555

CR2E034 (10/97)