


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

FILED

Apr 28 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 # P96000074356 (2) 1. Corporation Name MELANIE T. CEASE, P.A.			
Principal Place of Business 9135 STATE ROAD 580, SUITE 8 SAFETY HARBOR FL 34695		Mailing Address 3135 STATE ROAD 580, SUITE 8 SAFETY HARBOR FL 34695-4917	
2. Principal Place of Business 21 8 Freshwater Dr. Suite, Apt. #, etc. 22 City & State 23 Palm Harbor, FL Zip Country 24 34684 25 U.S.		2a. Mailing Address 26 35246 U.S. 19 N. Suite, Apt. #, etc. 27 Ste. 259 City & State 28 Palm Harbor, FL Zip Country 29 34684-1913 30 U.S.	
9. Name and Address of Current Registered Agent MCCALL, DEBORAH FRICK KEATON & RUTLAND, P.A. ONE BEACH DRIVE, S.E., SUITE 200 ST. PETERSBURG FL 33701		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 607.0502 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 TITLE D NAME CEASE, MELANIE T STREET ADDRESS 3135 STATE ROAD 580, SUITE 8 CITY-ST-ZIP SAFETY HARBOR FL 34695		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 35246 U.S. 19 N., Ste. 259 1.4 CITY-ST-ZIP Palm Harbor, FL 34684-1913 "NA"	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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.			



CR2E034 (9/96)

SIGNATURE: X

Melanie T. Cease

4/21/97 X/813 843-5748