

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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000075546 (7)**

1. Corporation Name

ATTORNEY ON CALL, INC.

Principal Place of Business
**2107 SOUTH ANDREWS AVE
FT LAUDERDALE FL 33316**

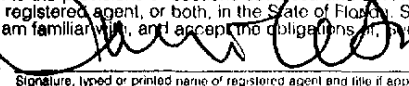
Mailing Address
**2107 SOUTH ANDREWS AVE
FT LAUDERDALE FL 33316-3431**



2. Principal Place of Business 21 3201 North Federal Hwy. Suite, Apt. #, etc. 22 Suite 201 City & State 23 Fort Lauderdale, FL Zip 24 33306		2a. Mailing Address 26 3201 North Federal Hwy. Suite, Apt. #, etc. 27 Suite 201 City & State 28 Fort Lauderdale, FL Zip 29 33306 Country 30 USA		3. Date Incorporated or Qualified 09/09/1996	3a. Date of Last Report
				4. FEI Number 65-0725296	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LAWSON, EDWARD J 2107 SOUTH ANDREWS AVE FT LAUDERDALE FL 33316				10. Name and Address of New Registered Agent 81 Name Robert A. Sandler 82 Street Address (P.O. Box Number is Not Acceptable) 3201 North Federal Highway 83 Suite 201 84 City Fort Lauderdale, FL 85 Zip Code 33306			
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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 **4/28/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	LAWSON, EDWARD J STREET ADDRESS 2107 SOUTH ANDREWS AVE CITY-ST-ZIP FT LAUDERDALE FL 33316	<input type="checkbox"/> DELETE	
TITLE VD	RAYMOND, RONALD STREET ADDRESS 2107 SOUTH ANDREWS AVE CITY-ST-ZIP FT LAUDERDALE FL 33316	<input type="checkbox"/> DELETE	
TITLE SD	LAWSON, MICHELLE STREET ADDRESS 2107 SOUTH ANDREWS AVE CITY-ST-ZIP FT LAUDERDALE FL 33316	<input type="checkbox"/> DELETE	
TITLE SD	Robert A. Sandler STREET ADDRESS 3201 North Federal Highway, Ste 201 CITY-ST-ZIP Fort Lauderdale, FL 33306	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	Robert J. Silverman STREET ADDRESS 3201 North Federal Highway, Ste 201 CITY-ST-ZIP Fort Lauderdale, FL 33306	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	Bruce H. Kramer STREET ADDRESS 3201 North Federal Highway, Ste 201 CITY-ST-ZIP Fort Lauderdale, FL 33306	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 if changed, or on an attachment with an address.

SIGNATURE: 

CR2E034 (9/96)