

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

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morzham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000085048 (2)
 1. Corporation Name
SANDRA L. PEACOCK, P.A.



Principal Place of Business 5301 WEST CYPRESS STREET SUITE 307 TAMPA FL 33607	Mailing Address 5301 WEST CYPRESS STREET SUITE 307 TAMPA FL 33607-1700
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3. Date Incorporated or Qualified 10/15/1996	3a. Date of Last Report
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2. Principal Place of Business 21 2203 N. Lois Ave.	2a. Mailing Address 26 P.O. Box 21483
Suite, Apt. #, etc. 22 1220	Suite, Apt. #, etc. 27
City & State 23 Tampa, Florida	City & State 28 Tampa, Florida
Zip 24 33607	Country 25 Hillsborough
Country 29 Hillsborough	Zip 30 33630

4. FEI Number 59-3407282	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent
**AYLWARD, ROBERT E
 100 NORTH TAMPA STREET
 SUITE 2425
 TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name Sandra L. Peacock
82 Street Address (P.O. Box Number is Not Acceptable) 2203 N. Lois Ave.
83 Suite Suite 1220
84 City Tampa
85 Zip Code FL 33607

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 *Sandra L. Peacock, President* DATE **4/14/97**

12. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> DELETE
NAME Sandra L. Peacock	
STREET ADDRESS 2203 N. Lois Ave, Suite 1220	
CITY-ST-ZIP Tampa, FL 33607	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Sandra L. Peacock, President* DATE **4/14/97** (012) 254-9211

CR2E034 (9/96)