

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000085689 (3)

1. Corporation Name
MOFFET & ALEXANDER, P.A.



Principal Place of Business 82 VIA VERONA PALM BEACH GARDENS FL 33418	Mailing Address 82 VIA VERONA PALM BEACH GARDENS FL 33418-3747
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3. Date Incorporated or Qualified 10/14/1996	3a. Date of Last Report
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2. Principal Place of Business 21 1601 FORUM PLACE Suite, Apt. #, etc. 22 SUITE 301 City & State 23 WEST PALM BEACH FL Zip 24 33401 Country 25 USA	2a. Mailing Address 26 1601 FORUM PLACE Suite, Apt. #, etc. 27 SUITE 301 City & State 28 WEST PALM BEACH FL Zip 29 33401 Country 30 USA
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4. FEI Number 05-07060602	Applied For <input type="checkbox"/> 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
**SELBACH, JEFFREY P.
2401 E ATLANTIC BLVD STE 400
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent
81 Name **JEFFREY L. ALEXANDER.**
82 Street Address (P.O. Box number is not acceptable)
11705 TURNSTONE DR.
83 **0**
84 City **WEST PALM BEACH FL** 85 Zip Code **33414**

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  DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOFFET, KENNETH W	
STREET ADDRESS	82 VIA VERONA	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ALEXANDER, JEFFREY L	
STREET ADDRESS	11705 TURNSTONE DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
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:  DATE **1/20/97** DAYTIME PHONE # **561-689-5777**
KENNETH W. MOFFET

CR2E034 (9/96)