

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

**FILED**  
**Feb 13 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # P97000019624 (0)**  
 1. Corporation Name  
**PAUL & SINGER, P.A.**



|   |   |
|---|---|
| Principal Place of Business<br><b>C/O COHN, COHN &amp; SINGER, P.A.<br/>                 705 WEST AZEELE STREET<br/>                 TAMPA FL 33606</b> | Mailing Address<br><b>C/O COHN, COHN &amp; SINGER, P.A.<br/>                 705 WEST AZEELE STREET<br/>                 TAMPA FL 33606</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

|                                |                                |                     |                |
|--------------------------------|--------------------------------|---------------------|----------------|
| 2. Principal Place of Business |                                | 2a. Mailing Address |                |
| 21 401 E. Jackson St.          | 26 401 E. Jackson St.          | 27 Ste 3440         | 30 USA         |
| 22 Suite, Apt #, etc. Ste 3440 | 27 Suite, Apt #, etc. Ste 3440 | 28 Tampa, FL        | 30 USA         |
| 23 City & State Tampa, FL      | 28 City & State Tampa, FL      | 29 Zip 33602        | 30 Country USA |

|  |                                |   |  |
|--|--------------------------------|---|--|
| 3. Date Incorporated or Qualified<br>02/25/1997  | 4. FEI Number<br>59-3430452    | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
| 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  
**PAUL, HENRY L  
 C/O COHN, COHN & SINGER, P.A.  
 705 WEST AZEELE STREET  
 TAMPA FL 33606**

10. Name and Address of New Registered Agent

|  |
|--|
| 81 Name<br><b>PAUL, HENRY L.</b>   |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>401 E JACKSON ST</b> |
| 83 <b>STE 3440</b>   |
| 84 City <b>TAMPA</b> FL 85 Zip Code <b>33602</b>                                 |

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: *Henry Lee Paul* Henry Lee Paul 2/16/98

12. OFFICERS AND DIRECTORS

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           | <b>D PAUL, HENRY L</b>          |
| STREET ADDRESS | <b>705 W AZEELE STREET</b>      |
| CITY-ST-ZIP    | <b>TAMPA FL 33606</b>           |
| 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

|                   |  |
|-------------------|--|
| 11 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           | <b>PAUL, Henry L.</b>  |
| 13 STREET ADDRESS | <b>401 E. JACKSON ST - STE. 3440</b>   |
| 14 CITY-ST-ZIP    | <b>TAMPA FL 33602</b>  |
| 21 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME           | <b>SINGER, BETSY S.</b>  |
| 23 STREET ADDRESS | <b>401 E. JACKSON ST - STE. 3440</b>   |
| 24 CITY-ST-ZIP    | <b>TAMPA FL 33602</b>  |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME           |  |
| 33 STREET ADDRESS |  |
| 34 CITY-ST-ZIP    |  |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME           |  |
| 43 STREET ADDRESS |  |
| 44 CITY-ST-ZIP    |  |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |  |
| 53 STREET ADDRESS |  |
| 54 CITY-ST-ZIP    |  |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           |  |
| 63 STREET ADDRESS |  |
| 64 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 or person named 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: *Henry Lee Paul* Henry Lee Paul 2/16/98 277-0815

CR2E034 (10/97)