

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

FILED  
Feb 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000085079 (6)  
1. Corporation Name  
SUSAN WIDOM, P.A.

Principal Place of Business 404 BAYSIDE AVENUE NAPLES FL 34108-2315	Mailing Address 404 BAYSIDE AVENUE NAPLES FL 34108-2315
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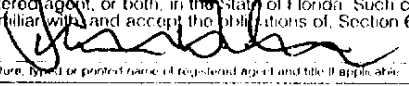


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/01/1997	4. FEI Number 59-3472170	Applied For Not Applicable
5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution		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 WIDOM, SUSAN 404 BAYSIDE AVENUE NAPLES FL 34108-2315				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			
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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 2-2-98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PST	NAME	WIDOM, SUSAN	1.1 TITLE		1.2 NAME	
STREET ADDRESS	404 BAYSIDE AVENUE			1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
CITY - ST - ZIP	NAPLES FL 34108-2315			2.1 TITLE		2.2 NAME	
TITLE	VP	NAME	WIDOM, SUSAN	2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
STREET ADDRESS	404 BAYSIDE AVENUE			3.1 TITLE		3.2 NAME	
CITY - ST - ZIP	NAPLES FL 34108-2315			3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
TITLE		NAME		4.1 TITLE		4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
CITY - ST - ZIP				5.1 TITLE		5.2 NAME	
TITLE		NAME		5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
STREET ADDRESS				6.1 TITLE		6.2 NAME	
CITY - ST - ZIP				6.3 STREET ADDRESS		6.4 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 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: 

2-2-98 941 534-2115

CP2E034 (10/97)