

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90207 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P98000057984

1. Corporation Name
RINGER & HENRY, P.A.



Principal Place of Business 2 SOUTH ORANGE AVE ORLANDO FL 32801	Mailing Address 2 SOUTH ORANGE AVE ORLANDO FL 32801
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 14 E. Washington St. Suite, Apt. #, etc. Suite 200 City & State Orlando FL Zip 32801 Country USA		2a. Mailing Address 26 P.O. Box 4922 Suite, Apt. #, etc. City & State Orlando FL Zip 32822-4922 Country USA		3. Date Incorporated or Qualified 06/26/1998	
4. FEI Number 59-3521285		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HENRY, ROBERT D 2 SOUTH ORANGE AVE ORLANDO FL 32801				10. Name and Address of New Registered Agent			
81 Name Same		82 Street Address (P.O. Box Number is Not Acceptable) 14 E. Washington St		83 Suite 200		84 City Orlando	
85 Zip Code FL 32801							

11. Pursuant to the provisions of Sections 807.0502 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINGER, GEOFFREY D	1.2 NAME	
STREET ADDRESS	2 SOUTH ORANGE AVE	1.3 STREET ADDRESS	14 E. Washington St, Suite 200
CITY-ST-ZIP	ORLANDO FL 32801	1.4 CITY-ST-ZIP	Orlando FL 32801
TITLE <input type="checkbox"/> DELETE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, ROBERT D	2.2 NAME	
STREET ADDRESS	2 SOUTH ORANGE AVE	2.3 STREET ADDRESS	14 E. Washington St., Suite 200
CITY-ST-ZIP	ORLANDO FL 32801	2.4 CITY-ST-ZIP	Orlando FL 32801
TITLE <input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 as an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____ Date **4/12/99** Defunct Phone # **(407) 841-3800**

CR2E034 (1/98)