

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

**FILED**

**Mar 21 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # S10137 (5)**

**1. Corporation Name  
LORI TYLER, P.A.**



**Principal Place of Business**  
105 S RIVERSIDE DR  
SUITE 154  
INDIALANTIC FL 32903

**Mailing Address**  
105 S RIVERSIDE DR  
SUITE 154  
INDIALANTIC FL 32903-4366

**3. Date Incorporated or Qualified**  
10/30/1990

**3a. Date of Last Report**  
04/25/1996

**4. FEI Number**  
59-3043481

**Applied For**  
 Applied For  
 Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Election Campaign Financing Trust Fund Contribution**  **\$5.00 May Be Added to Fees**

**8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes**  Yes  No

**2. Principal Place of Business**

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip **25** Country

**24** **26** **27** **28** **29** **30**

**9. Name and Address of Current Registered Agent**  
JACOBY, DAVID H. ESQ  
5205 BABCOCK ST NE  
STE 6  
PALM BAY FL 32905

**10. Name and Address of New Registered Agent**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City **85** Zip Code **FL**

**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** *Lori Tyler* *Lori Tyler* *March 18, 1997*

(NOTE - Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

DELETE

**1** TITLE: **D**

**NAME:** TYLER, LORI

**STREET ADDRESS:** 2622 REED AVE

**CITY-ST-ZIP:** MELBOURNE FL

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

Change  Addition

**1.1** TITLE  Change  Addition

**1.2** NAME

**1.3** STREET ADDRESS

**1.4** CITY-ST-ZIP

**2.1** TITLE  Change  Addition

**2.2** NAME

**2.3** STREET ADDRESS

**2.4** CITY-ST-ZIP

**3.1** TITLE  Change  Addition

**3.2** NAME

**3.3** STREET ADDRESS

**3.4** CITY-ST-ZIP

**4.1** TITLE  Change  Addition

**4.2** NAME

**4.3** STREET ADDRESS

**4.4** CITY-ST-ZIP

**5.1** TITLE  Change  Addition

**5.2** NAME

**5.3** STREET ADDRESS

**5.4** CITY-ST-ZIP

**6.1** TITLE  Change  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:** *Lori Tyler* *March 17, 1997* *407-951-3738*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)