

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S21936 (7)

1. Corporation Name
BEERS, JACK, TUDHOPE & WYATT, P.A.



Principal Place of Business: **2600 MAITLAND CENTER PARKWAY, #170 P.O. BOX 948600 MAITLAND FL 32794**
Mailing Address: **2600 MAITLAND CENTER PARKWAY, #170 P.O. BOX 948600 MAITLAND FL 32794**

3. Date Incorporated or Qualified: **12/28/1990**
3a. Date of Last Report: **03/28/1995**
4. FEI Number: **65-0233015**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.:
City & State:
Zip: Country:

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TUDHOPE, WALLACE W.
323 PRESSVIEW AVE
LONGWOOD FL 32750**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BEERS, DAVID C.	
STREET ADDRESS	505 SABAL LAKE DR., #101	
CITY- ST- ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TUDHOPE, WALLACE W.	
STREET ADDRESS	323 PRESSVIEW AVE	
CITY- ST- ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACK, ROBERT J.	
STREET ADDRESS	6208 DONEGAL DRIVE	
CITY- ST- ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WYATT, DONNA C	
STREET ADDRESS	1961 COVE COLONY RD.	
CITY- ST- ZIP	MAITLAND FL	
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 checked="" type="checkbox"/> Addition
5.2 NAME	D Tolbert, Susan W.
5.3 STREET ADDRESS	3031 Rogers Road
5.4 CITY- ST- ZIP	Glenwood FL 32722
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 407-660-1818

Date

Daytime Phone #

CR2E034 (12/95)