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Feb 11 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 # **S54342** (8)
1. Corporation Name
NIOLETTI BLOCK DUFFY PONCY KOHN & EDWARDS, P.A.



Principal Place of Business
**317 10 ST
WEST PALM BEACH FL 33401-3317**

Mailing Address
**317 10 ST
WEST PALM BEACH FL 33401-3317**

3. Date Incorporated or Qualified 06/01/1991	3a. Date of Last Report 07/08/1996
4. FEI Number 65-0266098	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent NIOLETTI, PAUL J. 317 10 ST WEST PALM BEACH FL 33401-3317		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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIOLETTI, PAUL J.	1.2 NAME	
STREET ADDRESS	317 10 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401-3317	1.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCK, PHYLLIS S.	2.2 NAME	
STREET ADDRESS	317 TENTH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH. FL 33401-3317	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFFY, LAWRENCE	3.2 NAME	
STREET ADDRESS	317 TENTH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH. FL 33401-3317	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHN, MICHELLE S.	4.2 NAME	
STREET ADDRESS	317 TENTH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH. FL 33401-3317	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONCY, MARNIE RITCHIE	5.2 NAME	
STREET ADDRESS	317 TENTH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401-3317	5.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARDS, MICHAEL C.	6.2 NAME	
STREET ADDRESS	317 TENTH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401-3317	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: *Paul J. Nicoletti* Date: 2/4/97 Daytime Phone #: 561-659-5300
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)