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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S69905** **(5)**

1. Corporation Name

NAVARETTA & NAVARETTA, ATTORNEYS AT LAW, P.A.

Principal Place of Business	Mailing Address
1100 SW ST LUCIE BLVD WEST SUITE 203 PORT ST LUCIE FL 34986 US	1100 SW ST LUCIE BLVD WEST SUITE 203 PORT ST LUCIE FL 34986 US

3. Date Incorporated or Qualified: **07/26/1991**

3a. Date of Last Report: **04/11/1995**

4. FEI Number: **65-0273548** [ ] 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

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

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

9. Name and Address of Current Registered Agent

~~NAVARETTA, STEPHEN~~
~~8000 SO FEDERAL HWY~~
~~STE 302~~
~~PORT ST LUCIE FL 34952~~

10. Name and Address of New Registered Agent

81 Name: NAVARETTA, STEPHEN
82 Street Address (P.O. Box Number is Not Acceptable): 1100 SW ST. LUCIE WEST BLVD. - SUITE 203
83
84 City: PORT ST. LUCIE FL 85 Zip Code: 34986

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] DATE:
Signature, type or print name of registered agent and title, if applicable (NOTE: Registered Agent signature required when changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP [ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	NAVARETTA, STEPHEN	1.2 NAME	
STREET ADDRESS	1100 SW ST LUCIE BLVD. WEST STE 203	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	1.4 CITY-ST-ZIP	
TITLE	DS [ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	NAVARETTA, MARY JEAN	2.2 NAME	
STREET ADDRESS	1100 SW ST LUCIE BLVD WEST STE 203	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	2.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/3/96 Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Position

CR2E034 (12/95)