

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

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S92520 (3)

1. Corporation Name
COONEY, MATTSON, LANCE, BLACKBURN & RICHARDS, P.
A.

Principal Place of Business 301 E. LAS OLAS BLVD 7TH FLOOR FORT LAUDERDALE FL 33302 US	Mailing Address P.O. BOX 14546 FORT LAUDERDALE FL 33302-4546 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/05/1991		3a. Date of Last Report 02/12/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0294635		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent PETTIS, EUGENE K. 301 E LAS OLAS BLVD FT. LAUDERDALE FL 33302				10. Name and Address of New Registered Agent 81 Name Michael C. MATTSON 82 Street Address (P.O. Box Number is Not Acceptable) 301 E. LAS OLAS BLVD. 83 84 City FORT LAUDERDALE FL 85 Zip Code 33302			
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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

2/13/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	NAME	RICHARDS, JOHN	1.1 TITLE	VPND	1.2 NAME	DAVID F. COONEY
STREET ADDRESS	301 E OLAS BLVD	CITY-ST-ZIP	FT. LAUDERDALE FL	1.3 STREET ADDRESS	301 E. LAS OLAS BLVD.	1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33302
TITLE	D	NAME	HALICZER, JAMES S.	2.1 TITLE		2.2 NAME	
STREET ADDRESS	301 E OLAS BLVD	CITY-ST-ZIP	FT. LAUDERDALE FL	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
TITLE	D	NAME	LANCE, VICTOR S.	3.1 TITLE		3.2 NAME	
STREET ADDRESS	301 E OLAS BLVD	CITY-ST-ZIP	FT. LAUDERDALE FL	3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE	P	NAME	MATTSON, MICHAEL C.	4.1 TITLE		4.2 NAME	
STREET ADDRESS	301 E OLAS BLVD	CITY-ST-ZIP	FT. LAUDERDALE FL	4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE	VP	NAME	BLACKBURN, ACE J.	5.1 TITLE		5.2 NAME	
STREET ADDRESS	301 E OLAS BLVD	CITY-ST-ZIP	FT. LAUDERDALE FL	5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
TITLE	VPS	NAME	PETTIS, EUGENE	6.1 TITLE		6.2 NAME	
STREET ADDRESS	301 E OLAS BLVD	CITY-ST-ZIP	FT. LAUDERDALE FL	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

CR2E034 (9/96)