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Mar 14 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 # V01467 (2)					
1. Corporation Name BRIAN C. HARRINGTON, P.A.					
Principal Place of Business 5263 CENTRAL AVENUE ST. PETERSBURG FL 33710 US			Mailing Address 5263 CENTRAL AVENUE ST. PETERSBURG FL 33710-8141 US		
2. Principal Place of Business 21 5536 Central Avenue Suite, Apt. #, etc. 22 City & State 23 St. Petersburg, FL Zip 24 33707-1717		2a. Mailing Address 26 5536 Central Avenue Suite, Apt. #, etc. 27 City & State 28 St. Petersburg, FL Zip 29 33707-1717		3. Date Incorporated or Qualified 12/20/1991 3a. Date of Last Report 02/06/1996 4. FEI Number 59-3101886 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent HARRINGTON, BRIAN C. 5263 CENTRAL AVENUE ST. PETERSBURG FL				10. Name and Address of New Registered Agent 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 _____ DATE: March 11, 1997 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE D HARRINGTON, BRIAN C. <input type="checkbox"/> DELETE NAME HARRINGTON, BRIAN C. STREET ADDRESS 5263 CENTRAL AVE. CITY-ST-ZIP ST. PETERSBURG FL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 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 D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Harrington, Brian C. 1.3 STREET ADDRESS 5536 Central Avenue 1.4 CITY-ST-ZIP St. Petersburg, FL 33707-1717 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 type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					



SIGNATURE: 

3/11/97 (813) 381-0070

CR2E034 (9/96)