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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90102 013 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V01731

1. Corporation Name
ROTH, EDWARDS & SMITH, P.A.



Principal Place of Business 135 W CENTRAL BLVD #800 ORLANDO FL 32801 US	Mailing Address P.O. BOX 3831 ORLANDO FL 32802
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 800 S. Orlando Ave. Suite, Apt. #, etc. 22 Maitland, FL City & State 23 32751 USA Zip Country	2a. Mailing Address 26 PO Box 945295 Suite, Apt. #, etc. 27 Maitland FL City & State 28 32794-5295 USA Zip Country
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3. Date Incorporated or Qualified 12/19/1991	4. FEI Number 59-3096656	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

EDWARDS, JAMES A.
135 WEST CENTRAL BLVD
SUITE 800
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name **Edwards, James A.**
 82 Street Address (P.O. Box Number is Not Acceptable)
800 S Orlando Ave.
 83
 84 City **Maitland** FL 85 Zip Code **32751**

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 **James A. Edwards** **James A. Edwards** Secretary/Treasurer **1-8-99**
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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROTH, LARRY M. 135 E. CENTRAL BLVD #800 ORLANDO FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EDWARDS, JAMES A. 135 E. CENTRAL BLVD #800 ORLANDO FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, JOHN WARD 135 E. CENTRAL BLVD #800 ORLANDO FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Roth, Larry M. 800 S. Orlando Ave. Maitland FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	STD Edwards, James A. 800 S. Orlando Ave. Maitland FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VD Smith, John Ward 800 S. Orlando Ave. Maitland, FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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, with all other like empowered.

SIGNATURE: **James A. Edwards** **James A. Edwards** **1-8-99 (407) 599-2266**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)