

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

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Apr 15 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 # **V09581** (2)
1. Corporation Name
ANDREW L. REIFF, P. A.



Principal Place of Business: **112 EAST CONCORD STREET SUITE 1000 ORLANDO FL 32802 US**
Mailing Address: **PO BOX 1059 ORLANDO FL 32802-1059 US**

2. Principal Place of Business: **135 W. Central Blvd Suite 720 Orlando FL 32801**
2a. Mailing Address: **PO Box 1059 Orlando FL 32802-1059 US**

3. Date Incorporated or Qualified: **01/28/1992**
3a. Date of Last Report: **03/13/1996**
4. FEI Number: **59-3104971**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**REIFF, ANDREW L ESQUIRE
135 W. CENTRAL BLVD. SOUTHTRUST BANK BLDG.
SUITE 1000
ORLANDO FL 32801**

10. Name and Address of New Registered Agent
81 Name: **Andrew L Reiff**
82 Street Address (P.O. Box Number is Not Acceptable): **135 W Central Blvd**
83 Suite: **720**
84 City: **Orlando** FL 85 Zip Code: **32801**

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: *Andrew L Reiff* (NOTE: Registered Agent signature required when reinstating) DATE: **3/30/97**

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | <input checked="" type="checkbox"/> DELETE |
| NAME | D REIFF, ANDREW L |
| STREET ADDRESS | 135 W. CENTRAL BLVD. SOUTHTRUST BANK BLDG. |
| CITY - ST - ZIP | ORLANDO FL 32801 |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | Add Suite 720. |
| 1.4 CITY - ST - ZIP | |
| 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 | |

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: *Andrew L Reiff* DATE: **3/30/97** DAYTIME PHONE: **407 423-8183**

CR2E034 (9/96)