

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

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Apr 10 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 # V16600 (1)

1. Corporation Name  
FRANK J. MARSTON, P.A.

Principal Place of Business 200 SOUTH BISCAYNE BLVDVE #3460 MIAMI FL 33131	Mailing Address 200 SOUTH BISCAYNE BLVDVE #3460 MIAMI FL 33131
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2. Principal Place of Business 21 883 Hill Roost Road Suite, Apt. #, etc. 22 City & State Tallahassee, FL 23 Zip 32312 24 Leon		2a. Mailing Address 26 883 Hill Roost Road Suite, Apt. #, etc. 27 City & State Tallahassee, FL 28 Zip 32312 29 Leon		3. Date Incorporated or Qualified 02/26/1992		3a. Date of Last Report 06/10/1996	
4. FEI Number 65-0314572		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 MARSTON, FRANK J. 200 S BISCAYNE BLVD SUITE 3460 MIAMI FL 33131				10. Name and Address of New Registered Agent 81 Name FRANK J. MARSTON 82 Street Address (P.O. Box Number is Not Acceptable) 883 Hill Roost Road 83 84 City Tallahassee 85 Zip Code FL 32312			

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: *Frank J. Marston*, FRANK J. MARSTON, President DATE: 4/7/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	MARSTON, FRANK J	1.2 NAME	
STREET ADDRESS	6201 PARADISE POINT DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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: *Frank J. Marston*, FRANK J. MARSTON, President DATE: 4/7/97 904-906-0348

CR2E034 (9/96)