SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED
96 SEP -3 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V36148** **(7)**

1. Corporation Name

SCIBAL ASSOCIATES OF FLORIDA, INC.

Principal Place of Business

8761 PERIMETER PARK BOULEVARD
SUITE 104
JACKSONVILLE FL 32244
US

Mailing Address

8761 PERIMETER PARK BOULEVARD
SUITE 104
JACKSONVILLE FL 32216
US

3. Date Incorporated or Qualified: **05/11/1992**

3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business
21 4237 Salisbury
Suite Apt #, etc
22 Suite 406
City & State
23 Jacksonville, Fl.
Zip 24 32216 Country 25 US

2a. Mailing Address
26 4237 Salisbury
Suite, Apt #, etc
27 Suite 406
City & State
28 JaCKSONVILLE, Fl.
Zip 29 32216 Country 30 US

4. FEI Number: **59-3120378** Applied For / Not Applicable

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

PEPER, RICHARD C., JR.
3020 HARLTEY RD SUITE 350
SUITE 300
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box ... Not Acceptable)
83
84 City FL 85 Zip Code 32216

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

12. OFFICERS AND DIRECTORS

TITLE	PST	[ ] DELETE
NAME	SCIBAL, DAVID A.	
STREET ADDRESS	3030 HARTLEY RD #300	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	[ ] DELETE
NAME	SCIBAL, DAVID A.	
STREET ADDRESS	3030 HARTLEY RD #300	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS	4237 Salisbury Road, Suite 406	
14 CITY-ST-ZIP	Jacksonville, FL 32216	
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS	4237 Salisbury Road, Suite 406	
24 CITY-ST-ZIP	Jacksonville, FL 32246	
31 TITLE		[ ] Change [ ] Addition
32 NAME	800001944658	
33 STREET ADDRESS	-09/11/96--01064--020	
34 CITY-ST-ZIP	****225.00 ****225.00	
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	RECEIVED	[ ] Change [ ] Addition
52 NAME	JUL 29 1996	
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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: 7/14/96 609-653-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. Scibal President CEO

CR2E034 (3/96)