

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

FILED  
Mar 18 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 # <b>V41399</b> (9)			
1. Corporation Name <b>VAN KESTEREN &amp; WATTS, P.A.</b>			
Principal Place of Business <b>721 FIRST AVENUE NORTH ST PETERSBURG FL 33701 US</b>		Mailing Address <b>721 FIRST AVENUE NORTH ST PETERSBURG FL 33701-3603 US</b>	
2. Principal Place of Business		2a. Mailing Address	
21 State, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
9. Name and Address of Current Registered Agent <b>CORPORATION INFORMATION SERVICES INC. 1201 HAYS STREET TALLAHASSEE FL 32301</b>			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			
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 _____			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
2. VAN KESTEREN, GINNIE		2.1 TITLE	
721 FIRST AVENUE NORTH		2.2 NAME	
ST. PETERSBURG FL		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
3. WATTS, RICHARD N.		3.1 TITLE	
721 FIRST AVENUE NORTH		3.2 NAME	
ST. PETERSBURG FL		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
4.1 TITLE		4.1 NAME	
4.2 NAME		4.3 STREET ADDRESS	
4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
4.4 CITY - ST - ZIP		5.1 TITLE	
5.2 NAME		5.3 STREET ADDRESS	
5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
5.4 CITY - ST - ZIP		6.1 TITLE	
6.2 NAME		6.3 STREET ADDRESS	
6.3 STREET ADDRESS		6.4 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 unchanged, or on an attachment with an address.			
SIGNATURE: <i>[Signature]</i>		3/14/97 (813) 821-3100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



CR2E034 (9/96)