


FILED

Mar 11 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 # V49093				(0)	
1. Corporation Name DAVID W. LANGLEY, P.A.					
Principal Place of Business ONE EAST BROWARD BOULEVARD SUITE 700 FORT LAUDERDALE FL 33301 US			Mailing Address ONE EAST BROWARD BLVD. SUITE 700 FT LAUDERDALE FL 33301-1843 US		
2. Principal Place of Business			2a. Mailing Address		
21 Suite, Apt. #, etc.			26 Suite, Apt. #, etc.		
22 City & State			27 City & State		
23 Zip Country			28 Zip Country		
24 25			29 30		
9. Name and Address of Current Registered Agent					
LANGLEY, DAVID W. ONE EAST BROWARD BLVD. SUITE 700 FT LAUDERDALE FL 33301				81 Name	
				82 Street Address	
				83	
				84 City	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)					
12. OFFICERS AND DIRECTORS					
TITLE		D		<input type="checkbox"/> DELETE	
NAME		LANGLEY, DAVID W.			
STREET ADDRESS		ONE EAST BROWARD BLVD., STE 700			
CITY- ST- ZIP		FT LAUDERDALE FL			
TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
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TITLE				<input type="checkbox"/> DELETE	
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STREET ADDRESS					
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TITLE				<input type="checkbox"/> DELETE	
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
13.					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY- ST- ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY- ST- ZIP					
3.1 TITLE					
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4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY- ST- ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY- ST- ZIP					
6.1 TITLE					
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 information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)