FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V69222 (0)

1. Corporate Name

COWLES & SHAUGHNESSY, P.A.

Principal Place of Business

~~7077 BONNEVAL DR.~~ 901 Blackstone Bldg.
~~STE 450~~ 233 E. Bay ST.
JACKSONVILLE FL ~~32216~~ 32202
US

Mailing Address

~~P.O. BOX 550630~~ SAME
~~JACKSONVILLE FL 32255-0630~~
US

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: 10/07/1992

3a. Date of Last Report: 04/04/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # or Bldg. — 22

Suite, Apt. # or Bldg. — 27

City, State — 23

City, State — 28

24 25 29 30

4. FEI Number: 59-3143781 — 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. Does Corporation Qualify for Exemption to Ch. 607, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

LEPRELL, SAMUEL L.
1301 ~~GULF LIFE DRIVE~~ Riverplace Dr.
SUITE 1500
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the undersigned 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the duties and responsibilities of registered agent under Florida Statutes.

SIGNATURE

12. TITLE(S) AND NAME(S) OF OFFICERS AND DIRECTORS

Title	Name	Address
DPT	COWLES, ROBERT L	7077 BONNEVAL ROAD, SUITE 450 JACKSONVILLE FL
DVS	SHAUGHNESSY, DANIEL C	7077 BONNEVAL ROAD, SUITE 450 JACKSONVILLE FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this report is accurate and that it does not qualify for the mandatory dissolution pursuant to Section 607.0122(2), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and complete and that my signature shall serve as my resignation as registered agent if I am listed as such in the report and that the registered agent named herein can file the report as required by Chapter 607, Florida Statutes, and that my name appears above, or below, as an officer or director of the corporation.

SIGNATURE: [signature] April 28, 1995 (904) 359-9500

SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — DATE — DAYTIME PHONE NUMBER

0407028 FP