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Mar 05 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 # V72219 (1)
1. Corporation Name
DAVID MICHAEL CLOWER, P.A.



Principal Place of Business: 378 SOUTH ATLANTIC AVENUE, ORMOND BEACH FL 32176, US
Mailing Address: 378 SOUTH ATLANTIC AVENUE, ORMOND BEACH FL 32176-7143, US

3. Date Incorporated or Qualified: 10/19/1992
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-3150479
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 [x] No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. 25. 26. 27. 28. 29. 30. 2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip Country

9. Name and Address of Current Registered Agent
CLOWER, DAVID MICHAEL
378 SOUTH ATLANTIC AVENUE
ORMOND BEACH FL 32176

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 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 and familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
1. TITLE: PD
2. NAME: CLOWER, DAVID MICHAEL
3. STREET ADDRESS: 378 SOUTH ATLANTIC AVE.
4. CITY-ST-ZIP: ORMOND BEACH FL 32176
5. [] DELETE
6. TITLE: [] DELETE
7. NAME: [] DELETE
8. STREET ADDRESS: [] DELETE
9. CITY-ST-ZIP: [] DELETE
10. TITLE: [] DELETE
11. NAME: [] DELETE
12. STREET ADDRESS: [] DELETE
13. CITY-ST-ZIP: [] DELETE
14. TITLE: [] DELETE
15. NAME: [] DELETE
16. STREET ADDRESS: [] DELETE
17. CITY-ST-ZIP: [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: [] Change [] Addition
1.2 NAME: [] Change [] Addition
1.3 STREET ADDRESS: [] Change [] Addition
1.4 CITY-ST-ZIP: [] Change [] Addition
2.1 TITLE: [] Change [] Addition
2.2 NAME: [] Change [] Addition
2.3 STREET ADDRESS: [] Change [] Addition
2.4 CITY-ST-ZIP: [] Change [] Addition
3.1 TITLE: [] Change [] Addition
3.2 NAME: [] Change [] Addition
3.3 STREET ADDRESS: [] Change [] Addition
3.4 CITY-ST-ZIP: [] Change [] Addition
4.1 TITLE: [] Change [] Addition
4.2 NAME: [] Change [] Addition
4.3 STREET ADDRESS: [] Change [] Addition
4.4 CITY-ST-ZIP: [] Change [] Addition
5.1 TITLE: [] Change [] Addition
5.2 NAME: [] Change [] Addition
5.3 STREET ADDRESS: [] Change [] Addition
5.4 CITY-ST-ZIP: [] Change [] Addition
6.1 TITLE: [] Change [] Addition
6.2 NAME: [] Change [] Addition
6.3 STREET ADDRESS: [] Change [] Addition
6.4 CITY-ST-ZIP: [] Change [] Addition

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: DAVID MICHAEL CLOWER
[Signature] a/27/97 (904)673-0063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)