

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

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Jul 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J50283 (7)

1. Corporation Name
DAVID COTTLE, P.A.



Principal Place of Business 13899 BISCAYNE BLVD SUITE 141 MIAMI FL 33181-1650 US	Mailing Address 13899 BISCAYNE BLVD SUITE 141 MIAMI FL 33181-1650 US
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2. Principal Place of Business 21 2440 S. FEDERAL HIGHWAY Suite, Apt. #, etc.	2a. Mailing Address 26 same Suite, Apt. #, etc.
22 City & State 23 STUART	27 City & State 28
24 Zip 34994 Country	29 Zip Country

3. Date Incorporated or Qualified 12/01/1986	3a. Date of Last Report 04/30/1996
4. FEI Number 59-2760052	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**COTTLE, DAVID
 13899 BISCAYNE BLVD, STE 141
 MIAMI FL 33181**

10. Name and Address of New Registered Agent

81 Name
DAVID W. COTTLE

82 Street Address (P.O. Box Number is Not Acceptable)
2440 S. FEDERAL HIGHWAY

83

84 City **STUART** FL 85 Zip Code **34994**

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 *David W. Cottle* DATE **7/1/97**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature, required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DP COTTLE, DAVID	1.2 NAME	
STREET ADDRESS	13899 BISCAYNE BLVD SUITE 141	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33181	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 if changed, or on an attachment with an address.

SIGNATURE: *David W. Cottle* DATE: **7/1/97** (561) 281-4222

CR2E034 (9/96)