

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

FILED

**Feb 16 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 600718 (1)
1. Corporation Name
WAGNER, JOHNSON & MCAFFEE, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1818 S. AUSTRALIAN AVE. SUITE 450 W. PALM BEACH FL 33409 US	Mailing Address P.O. BOX 3466 W. PALM BEACH FL 33402 US
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3. Date Incorporated or Qualified 12/31/1968	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-1226966	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	29

9. Name and Address of Current Registered Agent

**MCAFFEE, WILLIAM J.
SUITE 450
1818 S. AUSTRALIAN AVE.
W. PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCAFFEE, HELEN W.	
STREET ADDRESS	1818 S. AUSTRALIAN AVE., SUITE 450	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCAFFEE, WILLIAM J.	
STREET ADDRESS	1818 S. AUSTRALIAN AVE, SUITE 450	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WARD, WAGNER JR.	
STREET ADDRESS	1818 S. AUSTRALIAN AVE., SUITE 450	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, ROBERT R.	
STREET ADDRESS	1818 S. AUSTRALIAN AVE, SUITE 450	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD
2.3 STREET ADDRESS	MCAFFEE, WILLIAM J.
2.4 CITY-ST-ZIP	1818 S. Australian Ave, Ste.#450 West Palm Beach, FL 33409
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD
3.3 STREET ADDRESS	WAGNER, JR., WARD
3.4 CITY-ST-ZIP	1818 S. Australian Ave, Ste.#450 West Palm Beach, FL 33409
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *[Signature]* **2-10-98 561-686-5200**

CP2E034 (10/97)