


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

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90119 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 601864
 1. Corporation Name
 NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.

Principal Place of Business 1645 Palm Beach Lakes Blvd. Suite 1200 West Palm Beach, FL 33401	Mailing Address 1645 Palm Beach Lakes Blvd. Suite 1200 West Palm Beach, FL 33401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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3. Date Incorporated or Qualified 12/31/1969	4. FEI Number 59-1280063	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
 WHITE II, JOHN
 1645 Palm Beach Lakes Boulevard
 Suite 1200
 West Palm Beach, FL 33401

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	AT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Yeager, Thomas J.	1.2 NAME	James, Elaine Johnson
STREET ADDRESS	1645 Palm Beach Lakes Blvd., #1200	1.3 STREET ADDRESS	1645 Palm Beach Lakes Blvd., #1200
CITY-ST-ZIP	West Palm Beach, FL 33401	1.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	DAS <input type="checkbox"/> DELETE	2.1 TITLE	DS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Armour II, Alan I.	2.2 NAME	White II, John
STREET ADDRESS	1645 Palm Beach Lakes Blvd., #1200	2.3 STREET ADDRESS	1645 Palm Beach Lakes Blvd., #1200
CITY-ST-ZIP	West Palm Beach, FL 33401	2.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	DT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerson, Gary N.	3.2 NAME	Lioce, Domenick
STREET ADDRESS	1645 Palm Beach Lakes Blvd., #1200	3.3 STREET ADDRESS	1645 Palm Beach Lakes Blvd., #1200
CITY-ST-ZIP	West Palm Beach, FL 33401	3.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	AVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott, Gregory L.	4.2 NAME	
STREET ADDRESS	1645 Palm Beach Lakes Blvd., #1200	4.3 STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL 33401	4.4 CITY-ST-ZIP	
TITLE	DAVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pachman, Mark A.	5.2 NAME	
STREET ADDRESS	1645 Palm Beach Lakes Blvd., #1200	5.3 STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL 33401	5.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nason, Nathan E.	6.2 NAME	
STREET ADDRESS	1645 Palm Beach Lakes Blvd., #1200	6.3 STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL 33401	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, with all other like empowered.

SIGNATURE:

Gary N. Gerson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Gary N. Gerson, Vice President

02/25/99 (561) 686-3307
 Date Daytime Phone #

CR2E034 (1/98)