

FILE NOW: FILING FEE IS \$61.25

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Jul 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 757054 (2)
1. Corporation Name
SOUTHERN MUNICIPAL ANALYSTS' SOCIETY, INCORPORATED



Principal Place of Business Mailing Address
C/O LAWRENCE A. LEVY, ESQ.
1016 MILAN AVENUE
CORAL GABLES FL 33134

3. Date Incorporated or Qualified 03/09/1981
3a. Date of Last Report 04/24/1996

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-2128616	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
LEVY, LAWRENCE A. 1016 MILAN AVENUE CORAL GABLES FL 33134		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

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 checked="" type="checkbox"/> Addition
NAME	CONKLING, NEIL	1.2 NAME	ED EVANOUSKAS
STREET ADDRESS	50 FRONT ST, 17TH FLOOR	1.3 STREET ADDRESS	880 Carillon Pkwy
CITY-ST-ZIP	MEMPHIS TN	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENNESSEY, PATRICK	2.2 NAME	CHUCK GROB
STREET ADDRESS	191 PEACHTREE ST	2.3 STREET ADDRESS	11 Greenway Plaza
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	HOUSTON, TX
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIGGINS, SUSAN	3.2 NAME	BILL FOLEY
STREET ADDRESS	3333 PEACH TREE ROAD, EAST 9	3.3 STREET ADDRESS	USAA Building
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	SAN ANTONIO, TX
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURNES, MARY	4.2 NAME	WILL CLARKE
STREET ADDRESS	201 PROGRESS PKWY	4.3 STREET ADDRESS	823 E. MAIN ST.
CITY-ST-ZIP	ST LOUIS MO	4.4 CITY-ST-ZIP	RICHMOND, VA
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALTIN, CHRISTOPHER	5.2 NAME	
STREET ADDRESS	1299 PENNSYLVANIA AVE, STE 800	5.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, LAWRENCE A.	6.2 NAME	
STREET ADDRESS	1016 MILAN AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)