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FILED
May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

4. FEI Number
59-2128616

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
LEVY, LAWRENCE A.
1016 MILAN AVENUE
CORAL GABLES FL 33134

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

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CONKLING, NEIL
STREET ADDRESS	50 FRONT ST, 17TH FLOOR-
CITY-ST-ZIP	MEMPHIS TN
TITLE	TD <input type="checkbox"/> DELETE
NAME	HENNESSEY, PATRICK
STREET ADDRESS	191 PEACHTREE ST
CITY-ST-ZIP	ATLANTA GA 30303
TITLE	D <input type="checkbox"/> DELETE
NAME	GROB, CHUCK
STREET ADDRESS	11 GREENWAY PLAZA
CITY-ST-ZIP	HOUSTON TX
TITLE	D <input type="checkbox"/> DELETE
NAME	BURNES, MARY
STREET ADDRESS	201 PROGRESS PKWY
CITY-ST-ZIP	ST LOUIS MO
TITLE	CD <input type="checkbox"/> DELETE
NAME	VALTIN, CHRISTOPHER
STREET ADDRESS	1899 PENNSYLVANIA AVE, STE 800
CITY-ST-ZIP	WASHINGTON DC
TITLE	S <input type="checkbox"/> DELETE
NAME	LEVY, LAWRENCE A.
STREET ADDRESS	1016 MILAN AVENUE
CITY-ST-ZIP	CORAL GABLES FL 33134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D EDWARD FYANOUSKAS
1.3 STREET ADDRESS	800 CARILLON PKWAY
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33716
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BILL FOLEY
2.3 STREET ADDRESS	USAA BUILDING
2.4 CITY-ST-ZIP	SAN ANTONIO, TX 78288
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARY BURNES
4.3 STREET ADDRESS	201 PROGRESS PKWY
4.4 CITY-ST-ZIP	ST. LOUIS, MO 63134
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VALTIN, CHRISTOPHER
5.3 STREET ADDRESS	2312 N. QUANTICO ST.
5.4 CITY-ST-ZIP	ARLINGTON, VA 22205
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lawrence A. Levy 4/27/98 305-673-7470
Date Daytime Phone # 0027078

CR2E037 (10/97)