

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

FILED
Jan 30 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 # F96000000938 (8)
 1. Corporation Name
SPECIAL COUNSEL, INC.



Principal Place of Business 1551 ATLANTIC BLVD JACKSONVILLE FL 32207	Mailing Address 177 CROSSWAYS PARK DR WOODBURY NY 11797
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 1 INDEPENDENT DRIVE	26	Suite, Apt. #, etc.	
22 Suite, Apt. #, etc.	27	City & State	
23 JACKSONVILLE FL	28	City & State	
24 32202	25	29	30
Zip	Country	Zip	Country

3. Date Incorporated or Qualified 02/23/1996		
4. FEI Number 52-1736703	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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		

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	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 _____ (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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEWAN, DEREK E	1.2 NAME	
STREET ADDRESS	6440 ATLANTIC BLVD	1.3 STREET ADDRESS	One Independent Drive
CITY-ST-ZIP	JACKSONVILLE FL 32211	1.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABNEY, MICHAEL D	2.2 NAME	
STREET ADDRESS	6440 ATLANTIC BLVD	2.3 STREET ADDRESS	One Independent Drive
CITY-ST-ZIP	JACKSONVILLE FL 32211	2.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, LAURA B	3.2 NAME	
STREET ADDRESS	16 S. CALVERT ST, SUITE 501	3.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21202	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUMANN, MARK D	4.2 NAME	
STREET ADDRESS	16 S. CALVERT ST, SUITE 501	4.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21202	4.4 CITY-ST-ZIP	
TITLE	AVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALABRO, ROBERT	5.2 NAME	
STREET ADDRESS	177 CROSSWAYS PARK DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WOODBURY NY 11797	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 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 _____

CR2E034 (10/97)