

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # G01481 (2)
 1. Corporation Name
STEPHEN G. REICH & ASSOCIATES, INC.



Principal Place of Business 800 N MAGNOLIA AVE SUITE 1600 ORLANDO FL 32803 US	Mailing Address 800 N MAGNOLIA AVE SUITE 1600 ORLANDO FL 32803 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1416 Tusca Trail Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 181909 Suite, Apt. #, etc.
22 City & State 23 Winter Springs, FL Zip Country	27 City & State 28 Casselberry, FL Zip Country
24 32708 25 Seminole	29 32718 30 Orange

3. Date Incorporated or Qualified 09/27/1982	4. FEI Number 59-2218473	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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**REICH, STEPHEN G.
 800 N MAGNOLIA AVE
 SUITE 1600
 ORLANDO FL 32803**

10. Name and Address of New Registered Agent
 81 Name **Stephen G. Reich**
 82 Street Address (P.O. Box Number is Not Acceptable)
1416 Tusca Trail
 83
 84 City **Winter Springs** **FL** 85 Zip Code **32708**

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, as 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]* DATE **4-20-98**

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	REICH, STEPHEN G.	
STREET ADDRESS	800 N MAGNOLIA AVE, SUITE 1600	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stephen G. Reich	
1.3 STREET ADDRESS	P.O. Box 181909	
1.4 CITY-ST-ZIP	Casselberry, FL 32718	
2.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Stephen G. Reich	
2.3 STREET ADDRESS	1416 Tusca Trail	
2.4 CITY-ST-ZIP	Winter Springs, FL 32708	
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		<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]* DATE **4-20-98**

CR2E034 (10/97)