

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G13558 (3)

1. Corporation Name
JIM MORAN & ASSOCIATES, INC.



Principal Place of Business 100 NORTHWEST 12TH AVENUE C/O TAX DEPARTMENT DEERFIELD BEACH FL 33442 US	Mailing Address 100 NORTHWEST 12TH AVENUE LEGAL DEPT DEERFIELD BEACH FL 33442 US
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3. Date Incorporated or Qualified 12/15/1982	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2237692	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MORAN, JAMES M.	
STREET ADDRESS	100 N.W. 12TH AVE.	
CITY - ST - ZIP	DEERFIELD BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	REDUZZI, DAVID A.	
STREET ADDRESS	100 N.W. 12TH AVE.	
CITY - ST - ZIP	DEERFIELD BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HAYES, C. STEVEN	
STREET ADDRESS	100 N.W. 12TH AVE.	
CITY - ST - ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORAN, PATRICIA	
STREET ADDRESS	100 N.W. 12TH AVE.	
CITY - ST - ZIP	DEERFIELD BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FREEMAN, GORDON	
STREET ADDRESS	100 N.W. 12TH AVE.	
CITY - ST - ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORAN, JANICE M.	
STREET ADDRESS	100 N.W. 12TH AVE.	
CITY - ST - ZIP	DEERFIELD BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
 12 NAME
 13 STREET ADDRESS
 14 CITY - ST - ZIP

See Attached List

21 TITLE Change Addition
 22 NAME
 23 STREET ADDRESS
 24 CITY - ST - ZIP

31 TITLE Change Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY - ST - ZIP

41 TITLE Change Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY - ST - ZIP

51 TITLE Change Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY - ST - ZIP

61 TITLE Change Addition
 62 NAME
 63 STREET ADDRESS
 64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *John J. Whelan* Secretary 3/20/96 (954) 429-2010
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JOHN J. WHELAN** Date: _____ Daytime Phone #: _____

CR2E034 (12/95)

ps. 293

Rev: 2/22/96

**JIM MORAN AND ASSOCIATES, INC.
LIST OF DIRECTORS AND OFFICERS**

TITLE D
NAME Moran, Patricia G.
ADDRESS 100 NW 12th Ave.
CITY, STATE ZIP CODE Deerfield Beach, FL 33442

TITLE D
NAME Moran, Janice M.
ADDRESS 100 NW 12th Ave.
CITY, STATE ZIP CODE Deerfield Beach, FL 33442

TITLE D
NAME Moran, James M.
ADDRESS 100 N.W. 12th Ave.
CITY, STATE ZIP CODE Deerfield Beach, FL 33442

TITLE P
NAME Reduzzi, David
ADDRESS 100 N.W. 12th Ave.
CITY, STATE ZIP CODE Deerfield Beach, FL 33442

TITLE VP
NAME Hayes, C. Steve
ADDRESS 100 N.W. 12th Ave.
CITY, STATE ZIP CODE Deerfield Beach, FL 33442

TITLE EV/GC
NAME Brown, Colin
ADDRESS 100 N.W. 12th Ave.
CITY, STATE ZIP CODE Deerfield Beach, FL 33442

TITLE T
NAME Gunnell, Casey L.
ADDRESS 100 N.W. 12th Ave.
CITY, STATE ZIP CODE Deerfield Beach, FL 33442

TITLE AV
NAME Curran, William
ADDRESS 100 N.W. 12th Ave.
CITY, STATE ZIP CODE Deerfield Beach, FL 33442

TITLE AV
NAME Taylor, Donald
ADDRESS 100 N.W. 12th Ave.
CITY, STATE ZIP CODE Deerfield Beach, FL 33442

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Jim Moran & Associates, Inc.
Officers and Directors

TITLE	AV
NAME	Wettlaufer, William
ADDRESS	190 N.W. 12th Ave.
CITY, STATE ZIP CODE	Deerfield Beach, FL 33442

TITLE	AV
NAME	Williams, James D.
ADDRESS	100 N.W. 12th Ave.
CITY, STATE ZIP CODE	Deerfield Beach, FL 33442

TITLE	VP
NAME	Freeman, Gordon
ADDRESS	100 N.W. 12th Ave.
CITY, STATE ZIP CODE	Deerfield Beach, FL 33442

TITLE	AV
NAME	Kumnick, Bruce
ADDRESS	100 N.W. 12th Ave.
CITY, STATE ZIP CODE	Deerfield Beach, FL 33442

TITLE	S
NAME	Whelan, John, J.
ADDRESS	100 N.W. 12th Ave.
CITY, STATE ZIP CODE	Deerfield Beach, FL 33442

TITLE	AT
NAME	McWilliams, Donna
ADDRESS	190 N.W. 12th Ave.
CITY, STATE ZIP CODE	Deerfield Beach, FL 33442