

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

FILED
Mar 25 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 # G13558 (3)
 1. Corporation Name
JIM MORAN & ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

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	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2237692	
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	

2. Principal Place of Business 21	2a. Mailing Address 26 111 NW 12th Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Deerfield Beach, FL
Zip 24	Country 25
Country 25	Zip 29 33442
	Country 30

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 FL 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	BROWN, COLIN W
STREET ADDRESS	100 NW 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	AVP <input type="checkbox"/> DELETE
NAME	CURRAN, WILLIAM
STREET ADDRESS	100 NW 12TH AVE
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	DT <input checked="" type="checkbox"/> DELETE
NAME	GUNNELL, CASEY L
STREET ADDRESS	100 NW 12TH AVE
CITY-ST-ZIP	DEERFIELD BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
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: *John Schuler* 3/18/98 954-429-2010

CR2E034 (10/97)