


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

FILED
Apr 15 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 # J43434 (6)
 1. Corporation Name
CLARK, OEN, JOHNSON & FISCHER, INC.



Principal Place of Business 1800 AUSTRALIAN AVE S #202 WEST PALM BEACH FL 33409 US	Mailing Address 1800 AUSTRALIAN AVE S #202 WEST PALM BEACH FL 33409 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/21/1986	4. FEI Number 59-2854321	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	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	7. 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
22. City & State	27. City & State	23. Zip	24. Country	25. Zip
28. City & State	29. Zip	30. Country		

9. Name and Address of Current Registered Agent RICHARDSON, KEVIN F 1551 FORUM PLACE STE. 300-F WEST PALM BEACH FL 33401		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input type="checkbox"/> DELETE	1.1 TITLE C/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLARK, WILLIAM C.		1.2 NAME	
STREET ADDRESS 1800 AUSTRALIAN AVE S SUITE 202		1.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL		1.4 CITY-ST-ZIP	
TITLE VSD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSON, KATHLEEN M.		2.2 NAME	
STREET ADDRESS 1800 AUSTRALIAN AVE S, #202		2.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL		2.4 CITY-ST-ZIP	
TITLE PTD	<input type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OEN, RICHARD F.		3.2 NAME	
STREET ADDRESS 1800 AUSTRALIAN AVE S, #202		3.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL		3.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FISCHER, ERIC J.		4.2 NAME	
STREET ADDRESS 1800 AUSTRALIAN AVE. #202		4.3 STREET ADDRESS	
CITY-ST-ZIP W. PALM BCH. FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLARK, BETTY L		5.2 NAME	
STREET ADDRESS 1800 AUSTRALIAN AVE. S. #202		5.3 STREET ADDRESS	
CITY-ST-ZIP WEST PALM BCH. FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME Glidden, Roxanne	
STREET ADDRESS		6.3 STREET ADDRESS 1800 Australian Ave. S, #202	
CITY-ST-ZIP		6.4 CITY-ST-ZIP West Palm Beach, FL 33409	

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: *William C Clark* William C Clark 4/8/98 561/640-0600

CR2E034 (10/97)