

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

**FILED**  
**Feb 25 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J56435 (7)**  
 1. Corporation Name  
**THOMAS AND BILLINGTON, P.A.**



Principal Place of Business <b>C/O BARRY P. BILLINGTON                  1201 E ATLANTIC BLVD #103                  POMPANO BEACH FL 33060                  US</b>	Mailing Address <b>C/O BARRY P. BILLINGTON                  1201 E ATLANTIC BLVD #103                  POMPANO BEACH FL 33060                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2335 E. Atlantic Blvd.</b> Suite, Apt #, etc 22 <b>Suite 301</b> City & State 23 <b>Pompano Beach, FL</b> Zip 24 <b>33062</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>2335 E. Atlantic Blvd.</b> Suite, Apt #, etc. 27 <b>Suite 301</b> City & State 28 <b>Pompano Beach, FL</b> Zip 29 <b>33062</b> 30 <b>USA</b>
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3. Date Incorporated or Qualified  
**02/11/1987**

4. FEI Number <b>59-2787595</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**BILLINGTON, BARRY P.  
 1201 E ATLANTIC BLVD  
 SUITE 103  
 POMPANO BEACH FL 33060**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>2335 E. Atlantic Blvd., Suite 301</b>
83	
84 City	<b>Pompano Beach</b>
85 Zip Code	<b>FL 33062</b>

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]* **BARRY P. BILLINGTON** **2-20-98**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PSD</b>	<input type="checkbox"/> DELETE
NAME	<b>BILLINGTON, BARRY P.</b>	
STREET ADDRESS	<b>1201 E ATLANTIC BLVD 103</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	
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	<b>PSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>BILLINGTON, BARRY P.</b>	
1.3 STREET ADDRESS	<b>2335 E. Atlantic Blvd., Suite 301</b>	
1.4 CITY-ST-ZIP	<b>Pompano Beach, FL 33062</b>	
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: *[Signature]* **President** **2-20-98** **954-9437200**

CF2E034 (10/97)