

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K04119 (9)
1. Corporation Name
ALEXANDER-GRAHAM-RAAB CONSULTING GROUP, INC.



Principal Place of Business: **15 EAST MAGNOLIA AVE. EUSTIS FL 32726**
Mailing Address: **P.O. BOX 1905 EUSTIS FL 32727-1905**

3. Date Incorporated or Qualified: **11/30/1987** 3a. Date of Last Report: **04/13/1995**
4. FEI Number: **59-2860686** Applied For: Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. 25. 29. 30. Country

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip Country

9. Name and Address of Current Registered Agent
**GAYLORD, FRANK ESQ.
804 NORTH BAY STREET
EUSTIS FL 32726**

10. Name and Address of New Registered Agent
81. Name: **DONNA GOODWIN**
82. Street Address (P.O. Box Number is Not Acceptable): **15 E. Magnolia Avenue**
83. **P.O. Box 1905**
84. City: **Eustis** FL 85. Zip Code: **32727**

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: *Donna Goodwin* DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	MATTHEWS, IRVING
STREET ADDRESS	14928 DORA AVENUE
CITY - ST - ZIP	TAVARES FL 32778
	<input type="checkbox"/> DELETE
TITLE	ST
NAME	ALEXANDER, WILTS C III
STREET ADDRESS	7351 WOOD HOLLOW WAY
CITY - ST - ZIP	STONE MOUNTAIN GA 30087
	<input type="checkbox"/> DELETE
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
	<input type="checkbox"/> DELETE
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
	<input type="checkbox"/> DELETE

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	500001829535
4.3 STREET ADDRESS	-05/20/96--01050--037
4.4 CITY - ST - ZIP	***200.00
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Wilton C. Alexander* DATE: _____ Digitized File # _____

CR2E034 (12/95)