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FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**



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

DOCUMENT # K19469 (1)
 1. Corporation Name
MONACO, SMITH, HOOD, PERKINS, LOUCKS & STOUT, P. A.



Principal Place of Business: % DAVID A. MONACO, P O BOX 15200, DAYTONA BEACH FL 32115
 Mailing Address: % DAVID A. MONACO, P O BOX 15200, DAYTONA BEACH FL 32115

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified: **03/24/1988**

2. Principal Place of Business: 21 c/o William E. Loucks, Suite, Apt. #, etc. 444 Seabreeze Blvd., #900, Daytona Beach, FL 32118
 2a. Mailing Address: 26 c/o William E. Loucks, Suite, Apt. #, etc. P.O. Box 15200, Daytona Beach, FL 32118
 23 City & State: Daytona Beach, FL
 25 Zip: 32118, Country: USA

4. FEI Number: 59-2880513
 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: MONACO, DAVID A., 444 SEABREEZE BLVD., SUITE 900, DAYTONA BEACH FL 32018

10. Name and Address of New Registered Agent: 81 Name: William E. Loucks, 82 Street Address (P.O. Box Number is Not Acceptable): 444 Seabreeze Blvd., 83 Suite 900, 84 City: Daytona Beach, FL 85 Zip Code: 32118

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: *William E. Loucks* DATE: April 10, 1998

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	MONACO, DAVID A.	
STREET ADDRESS	444 SEABREEZE BLVD STE 900	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HOOD, CHARLES DAVID JR	
STREET ADDRESS	444 SEABREEZE BLVD STE 900	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	PERKINS, TERENCE R.	
STREET ADDRESS	444 SEABREEZE BLVD STE 900	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	STOUT, LARRY R	
STREET ADDRESS	444 SEABREEZE BLVD STE 900	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LOUCKS, WILLIAM E	
STREET ADDRESS	444 SEABREEZE BLVD STE 900	
CITY-ST-ZIP	DAYTONA BCH. FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SMITH, JR H	
STREET ADDRESS	444 SEABREEZE BLVD., SUITE 900	
CITY-ST-ZIP	DAYTONA BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Orfinger, Michael S.	
1.3 STREET ADDRESS	444 Seabreeze Blvd., Suite 900	
1.4 CITY-ST-ZIP	Daytona Beach, FL 32118	
2.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Selis, Scott A.	
2.3 STREET ADDRESS	444 Seabreeze Blvd., Suite 900	
2.4 CITY-ST-ZIP	Daytona Beach, FL 32118	
3.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Perkins, Terence R.	
3.3 STREET ADDRESS	444 Seabreeze Blvd., Suite 900	
3.4 CITY-ST-ZIP	Daytona Beach, FL 32118	
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	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Loucks, William E.	
5.3 STREET ADDRESS	444 Seabreeze Blvd., Suite 900	
5.4 CITY-ST-ZIP	Daytona Beach, FL 32118	
6.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Smith, Jr., Horace	
6.3 STREET ADDRESS	444 Seabreeze Blvd., Suite 900	
6.4 CITY-ST-ZIP	Daytona Beach, FL 32118	

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 E. Loucks* William E. Loucks, President 4/10/98 904/254-6875

CR2E034 (10/97)