SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $230.25)

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Oct 08 1998 8:00am
Secretary of State

00043443

DOCUMENT # **N10556** **(1)**

1. Corporation Name

THE FLORIDA SOCIETY OF CERTIFIED PUBLIC MANAGERS , INC.

Principal Place of Business
4558 NW 51 CT
COCONUT CREEK FL 33073
US

Mailing Address
4558 NW 51 CT
COCONUT CREEK FL 33073
US

3. Date Incorporated or Qualified
08/05/1985

4. FEI Number
59-2848158
[ ] Applied For
[ ] Not Applicable

2. Principal Place of Business
21 3400 W. COMMERCIAL BLVD
Suite, Apt. #, etc.
22
City & State
23 FORT LAUDERDALE, FL.
Zip 24 333309
Country 25 USA

2a. Mailing Address
26 3400 W. COMMERCIAL BLVD
Suite, Apt. #, etc.
27
City & State
28 FORT LAUDERDALE, FL.
Zip 29 333309
Country 30 USA

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

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

7. Is this nonprofit corporation a homeowners association? [ ] Yes [X] No

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

9. **Name and Address of Current Registered Agent**

PIPPITT, RAYMOND J
4558 NW 51 COURT
COCONUT CREEK FL 33073

10. **Name and Address of New Registered Agent**

81 Name
MARIA CONNOLLY
82 Street Address (P.O. Box Number is Not Acceptable)
3400 WEST COMMERCIAL BLVD
83
84 City
FORT LAUDERDALE FL
85 Zip Code
333309

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Maria Connolly MARIA CONNOLLY TREASURER 9-28-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	[X] DELETE
NAME	FRAZIER, EDWARD	
STREET ADDRESS	2250 IRENE STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	[X] DELETE
NAME	GAUGH, DOTTIE	
STREET ADDRESS	2737 CENTERVIEW DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	[ ] DELETE
NAME	ROCKY, DEPRINO	
STREET ADDRESS	3400 W COMMERCIAL BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DT	[X] DELETE
NAME	PIPPITT, RAYMOND J	
STREET ADDRESS	4558 NW 51 COURT	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	[ ] Change [X] Addition
1.2 NAME	DENNIS WAGLE	
1.3 STREET ADDRESS	P.O. BOX 6236	N/A
1.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
2.1 TITLE	VD	[ ] Change [X] Addition
2.2 NAME	TOM FARLEY	
2.3 STREET ADDRESS	19351 US 19 NORTH, SUITE 200	
2.4 CITY-ST-ZIP	CLEARWATER, FL. 33764	
3.1 TITLE	SD	[X] Change [ ] Addition
3.2 NAME	ROCKY DEPRIMO	
3.3 STREET ADDRESS	3400 W. COMMERCIAL BLVD	
3.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 333309	
4.1 TITLE	TD	[ ] Change [X] Addition
4.2 NAME	MARIA CONNOLLY	
4.3 STREET ADDRESS	3400 W. COMMERCIAL BLVD	
4.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 333309	
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maria Connolly MARIA CONNOLLY 9-28-98 (954)777-4205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)