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FILED
Jun 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P15438 (5)
 1. Corporation Name
THE FWA GROUP, P.A.



Principal Place of Business TWO NATIONS BANK PLAZA 101 S. TRYON ST. CHARLOTTE NC 28280 US	Mailing Address TWO NATIONS BANK PLAZA 101 S. TRYON ST. CHARLOTTE NC 28280-0001 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 08/03/1987	3a. Date of Last Report 04/19/1996
4. FEI Number 56-0842904	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LIVINGSTON, ROBERT E
 LIVINGSTON & KALETA
 THIRD FL., 150 SE 2ND AVE.
 MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

TITLE	P	<input type="checkbox"/> DELETE
NAME	TERRILL, GENE	
STREET ADDRESS	TWO NATIONS BANK PLAZA	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	VI	<input type="checkbox"/> DELETE
NAME	DIXON, CHARLES	
STREET ADDRESS	TWO NATIONS BANK PLAZA	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BAKER, BRYANT	
STREET ADDRESS	TWO NATIONS BANK PLAZA	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHERRILL, HARRY D	
STREET ADDRESS	TWO NATIONS BANK PLAZA	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FOUST, WILLIAM F II	
STREET ADDRESS	TWO NATIONS BANK PLAZA	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, ROBERT	
STREET ADDRESS	TWO NATIONS BANK PLAZA	
CITY-ST-ZIP	CHARLOTTE NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MCCALL, STEVE	
1.3 STREET ADDRESS	TWO NATIONS BANK PLAZA	
1.4 CITY-ST-ZIP	CHARLOTTE, NC	
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 do 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: *Charles E. Dixon, Jr.* **5/1/97 (704) 332-7004**

CR2E034 (9/96)