

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/03/1987

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 56-0842904	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	VT	<input type="checkbox"/> DELETE
NAME	DIXON, CHARLES	
STREET ADDRESS	TWO NATIONS BANK PLAZA	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	VS	<input checked="" 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 type="checkbox"/> DELETE
NAME	MCCALL, STEVE	
STREET ADDRESS	TWO NATIONS BANK PLAZA	
CITY-ST-ZIP	CHARLOTTE NC	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EVP
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VS
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VT
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 **CHARLES O. DIXON, JR., EXEC. V.P.**

CR2E034 (10/97)