

SECOND NOTICE CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO BENEFIT: \$750)

AMENDED #61.25

FILED

98 DEC 28 AM 8:23

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # PA1600000635720
 1. Corporation Name
 Bert A. Tavary, P.A.

Principal Place of Business Mailing Address
 2225 State Road 3
 Suite 3
 St. Augustine, FL 32084

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
 7/29/96

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt #, etc.	27	Suite, Apt #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

4. FEI Number
 59-3393220

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
 Kenneth R. Kresge, CPA
 200 Malaga Street
 Suite 1
 St. Augustine, FL 32084

10. Name and Address of New Registered Agent

81	Name	Kenneth R. Kresge, CPA
82	Street Address (P.O. Box Number is Not Acceptable)	403 Anastasia Blvd.
83		Suite 1
84	City	St. Augustine
85	State	FL
	Zip Code	32084

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 Kenneth Kresge
 Signature typed or printed name of registered agent if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Bert A. Tavary	
STREET ADDRESS	2225 State Road 3 - Suite 3	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Denise N. Tavary	
2.3 STREET ADDRESS	2225 State Road 3 - Suite 3	
2.4 CITY-ST-ZIP	St. Augustine, FL 32084	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	400002734954--3	
3.4 CITY-ST-ZIP	-01/08/99--01088--004	
4.1 TITLE	*****61.25	<input checked="" 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 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: Bert A. Tavary
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/98 (904) 471-2913
 Date Daytime Phone #

CR2E034 (5/98)