

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

FILED
Mar 02 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 # P96000085549 (9)
 1. Corporation Name
FIDELITY NATIONAL ADVISORS, INCORPORATED



Principal Place of Business 1550 MCMULLEN BOOTH ROAD, STE. F3 CLEARWATER FL 34619	Mailing Address 1550 MCMULLEN BOOTH ROAD, STE. F3 CLEARWATER FL 34619
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/16/1996	
2. Principal Place of Business 21 3837 Northdale Blvd. Suite, Apt. #, etc. 22 Suite 183 City & State 23 Tampa, FL Zip 24 33624 Country 25 USA	2a. Mailing Address 26 3837 Northdale Blvd. Suite, Apt. #, etc. 27 Suite 183 City & State 28 Tampa, FL Zip 29 33624 Country 30 USA
4. FEI Number 59-3404544	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NA	

9. Name and Address of Current Registered Agent
STEVENS, JERRY F
1550 MCMULLEN BOOTH ROAD, STE. F3
CLEARWATER FL 34619

10. Name and Address of New Registered Agent
 81 Name **C. A. Bowden**
 82 Street Address (P.O. Box Number is Not Acceptable)
3837 Northdale Blvd. Suite 183
 83
 84 City **Tampa** FL 85 Zip Code **33624**

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 *C.A. Bowden* DATE **2/25/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	ZEBROWSKI, WALTER C	
STREET ADDRESS	1550 MCMULLEN BOOTH ROAD, STE, F3-111	
CITY-ST-ZIP	CLEARWATER FL 33759	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Zebrowski, Walter C.	
1.3 STREET ADDRESS	3837 Northdale Blvd # 183	
1.4 CITY-ST-ZIP	Tampa, FL 33624	
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 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: *Walter Zebrowski* **Walter Zebrowski** 2/24/98 813 2881001
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000435

CR2E034 (10/97)