

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

**FILED**  
**Jun 02 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000044280 (0)**  
 1. Corporation Name  
**2501 BRISTOL, INC.**



Principal Place of Business <b>P.O. BOX 85 WEST PALM BEACH FL 33402</b>	Mailing Address <b>P.O. BOX 85 WEST PALM BEACH FL 33402</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/19/1997</b>	
21	22	26	27	4. FEI Number <b>65-0753835</b>	Applied For Not Applicable
23	24	28	29	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
25	30	31	32	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**9. Name and Address of Current Registered Agent**  
**JOHNSON, SCOTT A**  
**SUITE 1313 FLAGLER TOWER**  
**505 S. FLAGLER DRIVE**  
**WEST PALM BEACH FL 33401**

**10. Name and Address of New Registered Agent**  
 81 Name **Scott A. Johnson**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 **505 S. Flagler Drive, Suite 1010**  
 84 City **West Palm Beach** FL 85 Zip Code **33401**

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: *[Signature]* DATE: **4-24-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, SCOTT A</b>	1.2 NAME	<b>Johnson, Scott A.</b>
STREET ADDRESS	<b>P.O. BOX 85</b>	1.3 STREET ADDRESS	<b>505 S. Flagler Drive, Suite 1010</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33402</b>	1.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOENIG, PATRICK C</b>	2.2 NAME	<b>Koenig, Patrick C.</b>
STREET ADDRESS	<b>P.O. BOX 85</b>	2.3 STREET ADDRESS	<b>505 S. Flagler Drive, Suite 1010</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33402</b>	2.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, RICHARD S JR.</b>	3.2 NAME	<b>Johnson, Richard S. Jr.</b>
STREET ADDRESS	<b>P.O. BOX 85</b>	3.3 STREET ADDRESS	<b>505 S. Flagler Drive, Suite 1010</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33402</b>	3.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* **Scott A. Johnson** 4-24-98 (561)655-7200

CP2E034 (10/97)