

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

**FILED**

**Jun 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

DOCUMENT # P97000093750 (2) *N/C 12/12/97*

1. Corporation Name  
[REDACTED] AWAD ASSET MANAGEMENT, INC [REDACTED]

Principal Place of Business Mailing Address

THE OFFICES OF RAYMOND JAMES FINANCIAL  
880 CARILLON PKY.  
ST. PETERSBURG FL 33733

THE OFFICES OF RAYMOND JAMES FINANCIAL  
880 CARILLON PKY.  
ST. PETERSBURG FL 33733

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified  
11/01/1997

4. FEI Number 58-2372400 Applied For Not Applicable

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 FILED BY PARENT

9. Name and Address of Current Registered Agent

JACOBS, RICHARD O  
200 CENTRAL AVE., STE. 1800  
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent COMPANY

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
100002546901

83 -06/04/98--01004--043

84 City \*\*\*150.00 FL 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 Signature: [Signature] (NOTE: Registered Agent signs are required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	Director and Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	James D. Awad
STREET ADDRESS		1.3 STREET ADDRESS	One East End Ave., Apt 6C
CITY-ST-ZIP		1.4 CITY-ST-ZIP	New York City, NY 10021
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Richard Riess
STREET ADDRESS		2.3 STREET ADDRESS	880 Carillon Parkway
CITY-ST-ZIP		2.4 CITY-ST-ZIP	St. Petersburg, FL 33733
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Dennis Ieru
STREET ADDRESS		3.3 STREET ADDRESS	880 Carillon Parkway
CITY-ST-ZIP		3.4 CITY-ST-ZIP	St. Petersburg, FL 33733
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Secretary & Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Jeffrey P. Julien
STREET ADDRESS		4.3 STREET ADDRESS	880 Carillon Parkway
CITY-ST-ZIP		4.4 CITY-ST-ZIP	St. Petersburg, FL 33733
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Ass't. Secretary/Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Grace Pilsha <i>JS</i>
STREET ADDRESS		5.3 STREET ADDRESS	880 Carillon Parkway <i>6.2</i>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	St. Petersburg, FL 33733
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Ass't Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Carol Ejan
STREET ADDRESS		6.3 STREET ADDRESS	880 Carillon Parkway
CITY-ST-ZIP		6.4 CITY-ST-ZIP	St. Petersburg, FL 33733

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: Jeffrey P. Julien *JP Julien* 4/16/98 813.573.3800

CF2E034 (10/97)