

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90209 047 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000093750

1. Corporation Name
AWAD ASSET MANAGEMENT, INC.



Principal Place of Business THE OFFICES OF RAYMOND JAMES FINANCIAL 880 CARILLON PKY. ST. PETERSBURG FL 33733	Mailing Address THE OFFICES OF RAYMOND JAMES FINANCIAL 880 CARILLON PKY. ST. PETERSBURG FL 33733
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 11/01/1997	4. FEI Number 58-2372400	Applied For Not Applicable
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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 the current year intangible Personal Property Tax. FILED BY PARENT COMPANY	

9. Name and Address of Current Registered Agent
JACOBS, RICHARD O
200 CENTRAL AVE., STE. 1600
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	AWAD, JAMES D	
STREET ADDRESS	ONE EAST END AVE. APT. 6-C	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RIESS, RICHARD	
STREET ADDRESS	880 CARILLON PARKWAY	
CITY-ST-ZIP	ST. PETERSBURG FL 33733	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ZERU, DENNIS	
STREET ADDRESS	880 CARILLON PARKWAY	
CITY-ST-ZIP	ST. PETERSBURG FL 33733	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	JULIEN, JEFFERY P	
STREET ADDRESS	880 CARILLON PARKWAY	
CITY-ST-ZIP	ST. PETERSBURG FL 33733	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	PALSHA, GRACE	
STREET ADDRESS	880 CARILLON PARKWAY	
CITY-ST-ZIP	ST. PETERSBURG FL 33733	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	EGAN, CAROL	
STREET ADDRESS	880 CARILLON PARKWAY	
CITY-ST-ZIP	ST. PETERSBURG FL 33733	

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 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 119.073(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, with all other like empowered.

SIGNATURE: Jeffrey P. Julien Date: 4/20/99 Daytime Phone #: 727-573-3800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)