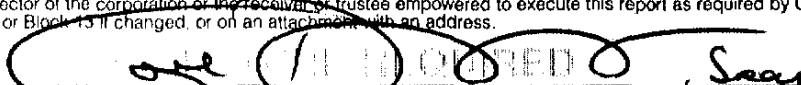


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S18744 (0)			
1. Corporation Name COONEY, WARD, LESHER & DAMON, P.A.			
Principal Place of Business 1555 PALM BEACH LAKES BLVD. SUITE 1000 WEST PALM BEACH FL 33401		Mailing Address 1555 PALM BEACH LAKES BLVD. SUITE 1000 WEST PALM BEACH FL 33401-2321	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 01/01/1991		3a. Date of Last Report 04/10/1996	
4. FEI Number 65-0230315		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	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent LESHER, GERALD S 1555 PALM BEACH LKS BLVD. WEST PALM BEACH FL 33401		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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	☐ Change ☐ Addition
NAME	WARD, PHILIP H III	1.2 NAME	
STREET ADDRESS	1555 PALM BEACH LKS BLVD	1.3 STREET ADDRESS	
CITY- ST- ZIP	WEST PALM BEACH FL	1.4 CITY- ST- ZIP	
TITLE	DVS	2.1 TITLE	☐ Change ☐ Addition
NAME	DAMON, CONRAD	2.2 NAME	
STREET ADDRESS	1555 PALM BEACH LKS BLVD	2.3 STREET ADDRESS	
CITY- ST- ZIP	WEST PALM BEACH FL	2.4 CITY- ST- ZIP	
TITLE	DV	3.1 TITLE	☐ Change ☐ Addition
NAME	LESHER, GERARD S	3.2 NAME	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD	3.3 STREET ADDRESS	
CITY- ST- ZIP	WEST PALM BEACH FL	3.4 CITY- ST- ZIP	
TITLE	DV	4.1 TITLE	☐ Change ☐ Addition
NAME	POSNER, MICHAEL J	4.2 NAME	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD	4.3 STREET ADDRESS	
CITY- ST- ZIP	WEST PALM BEACH FL	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	
14. I do 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:  4-10-97 561 689-8111			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)