

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

FILED
Apr 21 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 # V49890 (9)
 1. Corporation Name
BUTLER LEMONS ROMERO, INC.



Principal Place of Business BUTLER LEMONS ROMERO, INC. 130 ORANGE AVE. STE 150 ORLANDO FL 32801 US	Mailing Address 130 S. ORANGE AVE. SUITE 150 ORLANDO FL 32801 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 55 E. Washington St. Suite, Apt. #, etc. 22 Orlando, FL City & State 23 32801 Zip 25 USA Country		2a. Mailing Address 26 55 E. Washington St. Suite, Apt. #, etc. 27 Orlando FL City & State 28 32801 Zip 30 USA Country		3. Date Incorporated or Qualified 07/10/1992	4. FEI Number 59-3140272	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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		

9. Name and Address of Current Registered Agent BUTLER, RICHARD GUY A. 1554 WATERWITCH DRIVE SUITE 880 ORLANDO FL 32808				10. Name and Address of New Registered Agent		
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)		
83 No Suite				84 City		
				85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMONS, TIMOTHY J.	1.2 NAME	
STREET ADDRESS	567 MOAT COURT	1.3 STREET ADDRESS	1200 Newcastle Dr.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32806
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, RICHARD GUY A.	2.2 NAME	
STREET ADDRESS	1554 WATERWITCH DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMERO, DANIEL	3.2 NAME	
STREET ADDRESS	975 E STONEWOOD LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORECHILD, KAREN	4.2 NAME	MOORECHILD, KAREN
STREET ADDRESS	1251 RAVIDA WOODS DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, RICHARD	5.2 NAME	
STREET ADDRESS	1400 BRYAN RD	5.3 STREET ADDRESS	1400 Berwyn Rd.
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando, FL 32806
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	VP
STREET ADDRESS		6.3 STREET ADDRESS	Debra Saint-Laurent
CITY-ST-ZIP		6.4 CITY-ST-ZIP	2502 DePauw Orlando, FL 32801

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: _____ **4/15/98** **407-698-8888**

CR2E034 (10/97)