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FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V62217 (7)
 1. Corporation Name
BROUSSARD & CONDRI, P.A.



Principal Place of Business 20 N ORANGE AVE STE 1108 ORLANDO FL 32801	Mailing Address 20 N ORANGE AVE STE 1108 ORLANDO FL 32801
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/01/1992	
21. Suite, Apt #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt #, etc.	26. City & State
27. Zip	28. Country	29. Zip	30. Country	4. FEI Number 59-3140231	Applied For <input type="checkbox"/> Not Applicable
9. Name and Address of Current Registered Agent BROUSSARD, MICHAEL 20 N ORANGE AVE STE 1108 ORLANDO FL 32801				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	85. Zip Code
				FL	

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROUSSARD, MICHAEL			1.2 NAME			
STREET ADDRESS	20 N ORANGE AVE #1108			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONDRI, W. JAMES II			2.2 NAME			
STREET ADDRESS	20 N ORANGE AVE #1108			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
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 in this annual report is true and correct, and that the information is true and correct as of the date of filing of this report. I further certify that the information indicated on this annual report is true and correct as of the date of filing of this report, 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, and that I am qualified to file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on an amendment with an address.

SIGNATURE _____ DATE **4/30/98** (407) 649-8717

CR2E034 (10/97)