

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

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Jan 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
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DOCUMENT # 600718 (1)

1. Corporation Name
WAGNER, JOHNSON & MCAFEE, P.A.



Principal Place of Business 1818 S. AUSTRALIAN AVE. SUITE 450 W. PALM BEACH FL 33409 US	Mailing Address P.O. BOX 3466 W. PALM BEACH FL 33402-3466 US
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3. Date Incorporated or Qualified 12/31/1968	3a. Date of Last Report 03/05/1996
4. FEI Number 59-1226966	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

**MCAFEE, WILLIAM J.
 SUITE 450
 1818 S. AUSTRALIAN AVE.
 W. PALM BEACH FL 33409**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCAFEE, HELEN W.		1.2 NAME	
STREET ADDRESS 1818 S. AUSTRALIAN AVE., SUITE 450		1.3 STREET ADDRESS	
CITY-ST-ZIP W. PALM BEACH FL		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCAFEE, WILLIAM J.		2.2 NAME MCAFEE, WILLIAM J.	
STREET ADDRESS 1818 S. AUSTRALIAN AVE, SUITE 450		2.3 STREET ADDRESS 1818 S. AUSTRALIAN AVE., STE #450	
CITY-ST-ZIP W PALM BCH, FL 00000		2.4 CITY-ST-ZIP WEST PALM BEACH, FL 33409	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WARD, WAGNER JR.		3.2 NAME	
STREET ADDRESS 1818 S. AUSTRALIAN AVE., SUITE 450		3.3 STREET ADDRESS	
CITY-ST-ZIP W PALM BCH, FL 00000		3.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSON, ROBERT R.		4.2 NAME JOHNSON, ROBERT R.	
STREET ADDRESS 1818 S. AUSTRALIAN AVE, SUITE 450		4.3 STREET ADDRESS 1818 S. AUSTRALIAN AVE., STE. #450	
CITY-ST-ZIP W. PALM BEACH FL		4.4 CITY-ST-ZIP WEST PALM BEACH, FL 33409	
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 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: *William J. McAfee* 1-9-97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (9/96)