

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

FILED

**Feb 16 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 # 600718 (1)
1. Corporation Name
WAGNER, JOHNSON & MCAFFEE, P.A.



DO NOT WRITE IN THIS SPACE

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 US
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3. Date Incorporated or Qualified 12/31/1968	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-1226966	
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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**MCAFFEE, 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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAFFEE, 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	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAFFEE, WILLIAM J.	2.2 NAME	PD
STREET ADDRESS	1818 S. AUSTRALIAN AVE, SUITE 450	2.3 STREET ADDRESS	MCAFFEE, WILLIAM J.
CITY-ST-ZIP	W PALM BCH, FL 00000	2.4 CITY-ST-ZIP	1818 S. Australian Ave, Ste.#450 West Palm Beach, FL 33409
TITLE	PD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, WAGNER JR.	3.2 NAME	VD
STREET ADDRESS	1818 S. AUSTRALIAN AVE., SUITE 450	3.3 STREET ADDRESS	WAGNER, JR., WARD
CITY-ST-ZIP	W PALM BCH, FL 00000	3.4 CITY-ST-ZIP	1818 S. Australian Ave, Ste.#450 West Palm Beach, FL 33409
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ROBERT R.	4.2 NAME	
STREET ADDRESS	1818 S. AUSTRALIAN AVE, SUITE 450	4.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE		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		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 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: _____ **2-10-98 561-686-5200**

CP2E034 (10/97)