

FILED
Apr 06 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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1. Corporation Name
NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.

Principal Place of Business	Mailing Address
1645 PALM BCH LKS BLVD SUITE 1200 WEST PALM BCH FL 33401	1645 PALM BCH LKS BLVD SUITE 1200 WEST PALM BCH FL 33401

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 12/31/1969	
4. FEI Number 59-1280063	Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		
WHITE II, JOHN 1645 PALM BEACH LAKES BLVD. STE 1200 WEST PALM BEACH FL 33401	81	Name
	82	Street Address
	83	
	84	City

10. Name and Address of New Registered Agent

ss (P.O. Box Number is Not Acceptable)

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
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	ARMOUR II, ALAN I	
STREET ADDRESS	1645 PALM BCH LKS BLVD	
CITY - ST - ZIP	WEST PALM BCH FL 33401	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	YEAGER, THOMAS J	
STREET ADDRESS	116 PEGASUS DR.	
CITY - ST - ZIP	JUPITER FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	GERSON, GARY	
STREET ADDRESS	2035 EMBASSY DR	
CITY - ST - ZIP	WEST PALM BCH. FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	WHITE II., JOHN	
STREET ADDRESS	1645 PALM BCH LAKES 1200	
CITY - ST - ZIP	WEST PALM BCH. FL	
TITLE	DY	<input type="checkbox"/> DELETE
NAME	LIOCE, DOMENICK	
STREET ADDRESS	1645 PALM BCH LKS BLVD	
CITY - ST - ZIP	WEST PALM BCH FL 33401	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DAVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Pachman, Mark A.
1.3 STREET ADDRESS	1645 Palm Beach Lakes Boulevard
1.4 CITY - ST - ZIP	West Palm Beach, FL 33401
2.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Nason, Nathan E.
2.3 STREET ADDRESS	1645 Palm Beach Lakes Boulevard
2.4 CITY - ST - ZIP	West Palm Beach, FL 33401
3.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	James, Elaine Johnson
3.3 STREET ADDRESS	1645 Palm Beach Lakes Boulevard
3.4 CITY - ST - ZIP	West Palm Beach, FL 33401
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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

03/10/08 (561) 686 3303

CR2E034 (10/97)