


FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 757054 (2) 1. Corporation Name SOUTHERN MUNICIPAL ANALYSTS' SOCIETY, INCORPORATED			
Principal Place of Business C/O LAWRENCE A. LEVY, ESQ. 1016 MILAN AVENUE CORAL GABLES FL 33134		Mailing Address C/O LAWRENCE A. LEVY, ESQ. 1016 MILAN AVENUE CORAL GABLES FL 33134	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/09/1981	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2128616	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
29	30	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	
9. Name and Address of Current Registered Agent LEVY, LAWRENCE A. 1016 MILAN AVENUE CORAL GABLES FL 33134		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 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONKLING, NEIL	1.2 NAME	EDWARD FYANOUSKAS
STREET ADDRESS	50 FRONT ST, 17TH FLOOR-	1.3 STREET ADDRESS	800 CARILLON PKWAY
CITY-ST-ZIP	MEMPHIS TN	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33716
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENNESSEY, PATRICK	2.2 NAME	BILL FOLEY
STREET ADDRESS	191 PEACHTREE ST	2.3 STREET ADDRESS	USAA BUILDING
CITY-ST-ZIP	ATLANTA GA 30303	2.4 CITY-ST-ZIP	SAN ANTONIO, TX 78288
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROB, CHUCK	3.2 NAME	
STREET ADDRESS	11 GREENWAY PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNES, MARY	4.2 NAME	MARY BURNES
STREET ADDRESS	201 PROGRESS PKWY	4.3 STREET ADDRESS	201 PROGRESS PKWY
CITY-ST-ZIP	ST LOUIS MO	4.4 CITY-ST-ZIP	ST. LOUIS, MO 63134
TITLE	CD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALTIN, CHRISTOPHER	5.2 NAME	YALTIN, CHRISTOPHER
STREET ADDRESS	1800 PENNSYLVANIA AVE, STE 800	5.3 STREET ADDRESS	2312 N. QUANTICO ST.
CITY-ST-ZIP	WASHINGTON DC	5.4 CITY-ST-ZIP	ARLINGTON, VA 22205
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, LAWRENCE A.	6.2 NAME	
STREET ADDRESS	1016 MILAN AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lawrence A. Levy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/98

Daytime Phone # 0027078

305-673-7470

CR2E037 (10/97)