

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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90069 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 600718

1. Corporation Name
WAGNER, JOHNSON, MCAFFEE & BODIK, 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
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/31/1968

4. FEI Number
59-1226966

5. Certificate of Status Desired... **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

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

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCAFFEE, HELEN W.	
STREET ADDRESS	1818 S. AUSTRALIAN AVE., SUITE 450	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCAFFEE, WILLIAM J	
STREET ADDRESS	1818 S AUSTRALIAN AVE STE 450	
CITY-ST-ZIP	W PALM BCH, FL 00000 33409	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WAGNER, WARD JR	
STREET ADDRESS	1818 S. AUSTRALIAN AVE., SUITE 450	
CITY-ST-ZIP	W PALM BCH, FL 00000 33409	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP D S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	McAfee, Helen W.	
1.3 STREET ADDRESS	1818 S. Australian Ave., Ste.#450	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33409	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Wagner, Ward Jr.	
3.3 STREET ADDRESS	1818 S. Australian Ave., Ste.#450	
3.4 CITY-ST-ZIP	West Palm Beach, FL 33409	
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, with all other like empowered.

SIGNATURE: [Signature] **REQUIRED** Date: 3-25-99 Daytime Phone #: 561-6865200

CR2E034 (11/98)