

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

FILED

Mar 05 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 # 183094 (2)

1. Corporation Name  
DAVID VOLKERT & ASSOCIATES, INC.

Principal Place of Business 4960 SW 72ND AVE., STE 201 MIAMI FL 33155 US	Mailing Address BOX 7434 MOBILE AL 36670 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3409 W Lemon St Suite, Apt. #, etc. 22 Suite 1 City & State 23 Tampa Fla Zip 24 33609 Country 25 USA		2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 02/01/1955	
		4. FEI Number 63-6008050		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" 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 SWINDLE, FREDERICK 4960 SW 72ND AVE., STE 201 MIAMI FL 33155		10. Name and Address of New Registered Agent 81 Name JACK W ROBERTS 82 Street Address (P.O. Box Number is Not Acceptable) 3409 W Lemon St 83 Suite 1 84 City Tampa FL 85 Zip Code 33609	
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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 JACK W ROBERTS - VICE PRESIDENT Jack W. Roberts 2/19/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME KING, T.K. STREET ADDRESS 3809 MOFFETT ROAD CITY-ST-ZIP MOBILE AL	<input type="checkbox"/> DELETE	1.1 TITLE V 1.2 NAME Raynaldo R Ruus 1.3 STREET ADDRESS 4960 SW 72nd Ave 1.4 CITY-ST-ZIP Ste 201 Miami FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE CHM NAME VOLKERT, D G STREET ADDRESS 5400 SHAWNEE ROAD CITY-ST-ZIP ALEXANDRIA VA	<input type="checkbox"/> DELETE	2.1 TITLE V 2.2 NAME Jack W Roberts 2.3 STREET ADDRESS 3409 W Lemon St 2.4 CITY-ST-ZIP Suite 1 Tampa Fla 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME HANCKEN, M.C. STREET ADDRESS 3809 MOFFETT ROAD CITY-ST-ZIP MOBILE AL	<input type="checkbox"/> DELETE	3.1 TITLE V 3.2 NAME Thomas C White 3.3 STREET ADDRESS 3409 W Lemon St 3.4 CITY-ST-ZIP Suite 1 Tampa Fla 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME ZOGHBY, T.A. STREET ADDRESS 3809 MOFFETT ROAD CITY-ST-ZIP MOBILE AL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SWINDLE, FREDERICK E. STREET ADDRESS 4960 SW 72ND AVE #201 CITY-ST-ZIP MIAMI FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Margaret Hancken MARGARET HANCKEN 2/19/98 342-1070 (384)

CR2E034 (10/97)