FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 FEB 27 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 271074 (7)

1. Corporation Name
SARTORY & O'MARA, INC.

Principal Place of Business
631 U.S. HWY. ONE, SUITE 405
NORTH PALM BEACH FL 33408

Mailing Address
631 U.S. HWY. ONE, SUITE 405
NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1963
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-1025818 — Applied For / Not Applicable
5. Certificate of Status Desired [X] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes [ ] No

	2. Principal Place of Business		2a. Mailing Address
21	5840 Corporate Way	26	5840 Corporate Way
22	Suite, Apt. #, etc.: Suite 100	27	Suite, Apt. #, etc.: Suite 100
23	City & State: W Palm Beach, FL	28	City & State: W Palm Beach, FL
24 / 25	Zip: 33407 — Country: Palm Beach	29 / 30	Zip: 33407 — Country: Palm Beach

9. Name and Address of Current Registered Agent

SARTORY, J. LAWRENCE
7696 BOLD LAD RD.
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name: Sartory, J. Lawrence
82 Street Address (P.O. Box Number is Not Acceptable): 2280 Saratoga Bay Drive
83
84 City: W Palm Beach FL 85 Zip Code: 33409

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

12. OFFICERS AND DIRECTORS

TITLE	CDT
NAME	SARTORY, J. L
STREET ADDRESS	7696 BOLD LAD RD
CITY-ST-ZIP	PALM BCH GARDENS FL
TITLE	D
NAME	SARTORY, KIM L.
STREET ADDRESS	7696 BOLD LAD RD.
CITY-ST-ZIP	PALM BCH GARDENS FL
TITLE	PDS
NAME	O'MARA, CHARLES J
STREET ADDRESS	1951 RICHARD LN
CITY-ST-ZIP	W. PALM BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(e), 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: Kim L. Sartory 2/14/95 (407) 683-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0247966 CP