
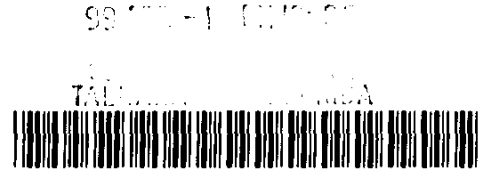


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.**  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

006866

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthank</b> Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <b>271284</b> (2)		
1. Corporation Name <b>JAMES A. MCGRATH &amp; CO., INC.</b>		



Principal Place of Business <b>P.O. BOX 11754 FT LAUDERDALE FL 33339</b>	Mailing Address <b>P.O. BOX 11754 FT LAUDERDALE FL 33339</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

DO NOT WRITE IN THIS SPACE **98-99**

3. Date Incorporated or Qualified **06/26/1963**

4. FEI Number **59-1023272** Applied For Not Applicable

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

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

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30  Yes  No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**MCGRATH, JAMES A.  
1600 S FEDERAL HWY  
SUITE 203  
POMPANO BEACH FL 33062**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of sections 607.0532 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, sections 607.0505, Florida Statutes.

SIGNATURE *James A. McGrath*  
 Signature, typed or printed name of registered agent and title of applicable (NOTE: Registered Agent signature is required for all filings)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>PVT</b> [ ] DELETE	11 TITLE [ ] Change [ ] Addition
NAME	<b>MCGRATH, JAMES A</b>	12 NAME
STREET ADDRESS	<b>4405 NE 23RD AVE</b>	13 STREET ADDRESS
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	14 CITY-ST-ZIP
TITLE	<b>S</b> [ ] DELETE	21 TITLE [ ] Change [ ] Addition
NAME	<b>MCGRATH, JAMES A</b>	22 NAME
STREET ADDRESS	<b>4405 NE 23RD AVE</b>	23 STREET ADDRESS
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	24 CITY-ST-ZIP
TITLE	[ ] DELETE	31 TITLE [ ] Change [ ] Addition
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY-ST-ZIP		34 CITY-ST-ZIP
TITLE	[ ] DELETE	41 TITLE [ ] Change [ ] Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
TITLE	[ ] DELETE	51 TITLE [ ] Change [ ] Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE	[ ] DELETE	61 TITLE [ ] Change [ ] Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 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)(b), 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: *James A. McGrath* **18/28/98** **984-776334**  
 Signature and typed or printed name of signing officer or director

CR2E034 (5/98)