


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

FILED  
May 11 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 # 366097 (4)  
1. Corporation Name  
LINDAHL, BROWNING, FERRARI & HELLSTROM, INC.



Principal Place of Business 5000 BLDG. 210 JUPITER LAKES PO BOX 727 JUPITER FL 33468-7727	Mailing Address 5000 BLDG. 210 JUPITER LAKES PO BOX 727 JUPITER FL 33468-7727
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/24/1970 4. FEI Number 59-1305943 5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINDAHL, LENNART E.  
210 JUPITER LAKES BLVD.  
BLDG. 5000, SUITE 104  
JUPITER FL 33458

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

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



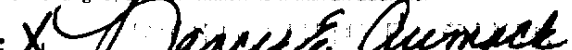
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	NAME
NAME	STREET ADDRESS	1.2 NAME	STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	1.3 STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	NAME
NAME	STREET ADDRESS	2.2 NAME	STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	2.3 STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	NAME
NAME	STREET ADDRESS	3.2 NAME	STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	NAME
NAME	STREET ADDRESS	4.2 NAME	STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	NAME
NAME	STREET ADDRESS	5.2 NAME	STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	NAME
NAME	STREET ADDRESS	6.2 NAME	STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP		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.

SIGNATURE:  NANCY E. AUMACK 4/29/98 (561) 746-4248

CR2E034 (10/97)