

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

**FILED**  
**Mar 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 460223 (1)**  
 1. Corporation Name  
**CRARY, BUCHANAN, BOWDISH, BOVIE, LORD & ROBY, CH  
 ARTERED**



Principal Place of Business <b>555 COLORADO AVE. #1          P.O. DRAWER 24          STUART FL 34994</b>	Mailing Address <b>555 COLORADO AVE. #1          P.O. DRAWER 24          STUART FL 34994</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/27/1974</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>59-1548347</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>BUCHANAN, LARRY E.                  555 COLORADO AVE. #1                  STUART FL</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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.					

9. Name and Address of Current Registered Agent  
**BUCHANAN, LARRY E.  
 555 COLORADO AVE. #1  
 STUART FL**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOWDISH, JAMES L S</b>	1.2 NAME	
STREET ADDRESS	<b>471 NE TOWN TERRACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JENSEN BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LORD, ROBERT L</b>	2.2 NAME	
STREET ADDRESS	<b>4316 NE SUNSET DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JENSEN BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOVIE, GEORGE F III</b>	3.2 NAME	
STREET ADDRESS	<b>3515 SW ASPEN PLACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM CITY FL</b>	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRARY, WILLIAM F II</b>	4.2 NAME	
STREET ADDRESS	<b>3242 SE ASTOR LN L232</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STUART FL</b>	4.4 CITY-ST-ZIP	
TITLE	PTD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUCHANAN, LARRY E</b>	5.2 NAME	
STREET ADDRESS	<b>1849 NW RIVER TRIAL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STUART FL</b>	5.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRARY, LAWRENCE E. III</b>	6.2 NAME	
STREET ADDRESS	<b>3730 SW WOODBRIAR LN</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM CITY FL</b>	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: *Laurance E. Crary III* Secretary. 1/14/98 (561) 287 2600

CR2E034 (10/97)