

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

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 519429 (5)
 1. Corporation Name
JOHN P. O'GRADY, INC.



Principal Place of Business 2809 SOUTH OCEAN BLVD. HIGHLAND BEACH FL 33487-1829	Mailing Address 2809 SOUTH OCEAN BLVD. HIGHLAND BEACH FL 33487-1829
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3. Date Incorporated or Qualified 12/01/1976	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1715542	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		
25	30		

9. Name and Address of Current Registered Agent

DICKENSON, DAVID B.
980 N.FEDERAL HWY.,STE.410
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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 _____ (Signature, typing 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	PS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, JUNE A.	1.2 NAME	
STREET ADDRESS	2727 2809 S. OCEAN BLVD. #120 #602	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BCH. FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, JUNE A.	2.2 NAME	
STREET ADDRESS	2727 2809 S. OCEAN BLVD. #120 #602	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BCH. FL	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, JUNE A.	3.2 NAME	
STREET ADDRESS	2727 2809 S. OCEAN BLVD. #120 #602	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGAHAN, MARGARET MARY C	4.2 NAME	
STREET ADDRESS	3310 S OCEAN BLVD 125	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BCH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: _____ **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0340059

CR2E034 (9/96)