

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

FILED  
Apr 29 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 # **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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/01/1976</b>	
4. FEI Number <b>59-1715542</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	Country
24	Country	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent <b>DICKENSON, DAVID B. 980 N.FEDERAL HWY.,STE.410 BOCA RATON FL 33432</b>		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		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BLAKE, JUNE A.</b>	1.2 NAME	<b>BLAKE, JUNE A.</b>
STREET ADDRESS	<b>2727 S OCEAN BLVD #602</b>	1.3 STREET ADDRESS	<b>2727 S OCEAN BLVD #602</b>
CITY-ST-ZIP	<b>HIGHLAND BCH. FL</b>	1.4 CITY-ST-ZIP	<b>HIGHLAND BCH FL</b>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLAKE, JUNE A.</b>	2.2 NAME	
STREET ADDRESS	<b>2727 S OCEAN BLVD #602</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIGHLAND BCH. FL</b>	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHEFFLER, RICHARD L.</b>	3.2 NAME	
STREET ADDRESS	<b>2727 S OCEAN BLVD #602</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	Y <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCGAHAN, MARGARET MARY C</b>	4.2 NAME	
STREET ADDRESS	<b>3310 S OCEAN BLVD 125</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIGHLAND BCH FL</b>	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 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.

CR2E034 (10/97)