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Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 542699

(4)

1. Corporation Name

JAMES T. BROGAN AND COMPANY, INC.

Principal Place of Business
1579 S.W. DYER PT ROAD
PALM CITY FL 34990

Mailing Address
1579 S.W. DYER PT ROAD
PALM CITY FL 34990-1719



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/10/1977	3a. Date of Last Report 04/23/1996
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 59-2041399	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BROGAN, JAMES T
1579 S W DYER POINT ROAD
PALM CITY FL 34990

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	
NAME	BROGAN, MARY	1.2 NAME	
STREET ADDRESS	1579 SW DYER PT RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM CITY FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	
NAME	BROGAN, JAMES	2.2 NAME	
STREET ADDRESS	1579 SW DYER PT RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM CITY FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	BROGAN, JAMES T., IV	3.2 NAME	Brogan, James T., IV
STREET ADDRESS	1579 S.W. DYER PT. RD.	3.3 STREET ADDRESS	2702 SW Matheson Av. Bldg.113, #D1
CITY - ST - ZIP	PALM CITY FL	3.4 CITY - ST - ZIP	Palm City, Fl. 34990
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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: *Mary E. Brogan* MARY E. BROGAN 2-24-97 561-781-1267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)