

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

FILED
Jan 27 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 # 581360 (5)
 1. Corporation Name
**BOBO, SPICER, CIOTOLI, FULFORD, BOCCHINO, DEBEVO
 ISE & LE CLAINCHE, P.A.**

Principal Place of Business 222 LAKEVIEW AVE ESPERANTE, SIXTH FLOOR WEST PALM BEACH FL 33401	Mailing Address 222 LAKEVIEW AVE ESPERANTE, SIXTH FLOOR WEST PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE

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 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 08/01/1978	
4. FEI Number 59-1839299	Applied For <input type="checkbox"/> Not Applicable
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	

9. Name and Address of Current Registered Agent

SPICER, DAVID W.
222 LAKEVIEW AVE
ESPERANTE, SIXTH FLOOR
WEST PALM BEACH FL 33401

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOBO, A RUSSELL	1.2 NAME	Bocchino, John W.
STREET ADDRESS	222 LAKEVIEW AVE 6 FL	1.3 STREET ADDRESS	315 E. Robinson St, Ste. 510
CITY-ST-ZIP	W. PALM BCH. FL	1.4 CITY-ST-ZIP	Orlando FL
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPICER, DAVID W.	2.2 NAME	Le Clainche, Stephan
STREET ADDRESS	222 LAKEVIEW AVE 6 FL	2.3 STREET ADDRESS	222 Lakeview Ave, 6 FL
CITY-ST-ZIP	W. PALM BCH. FL	2.4 CITY-ST-ZIP	W. Palm Bch FL
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIOTOLI, EUGENE L.	3.2 NAME	
STREET ADDRESS	222 LAKEVIEW AVE 6 FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULFORD, JEFFREY C.	4.2 NAME	
STREET ADDRESS	222 LAKEVIEW AVE 6 FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBEVOISE, D.A	5.2 NAME	
STREET ADDRESS	315 E. ROBINSON ST., STE. 510	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	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.

SIGNATURE: *[Signature]* **REQUIRE RE-ELECTION** 1/15/98 (561) 684-6600

CR2E034 (10/97)