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Jan 16 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 # 600718 (1)

1. Corporation Name
WAGNER, JOHNSON & MCAFEE, P.A.

Principal Place of Business
1818 S. AUSTRALIAN AVE.
SUITE 450
W. PALM BEACH FL 33409
US

Mailing Address
P.O. BOX 3466
W. PALM BEACH FL 33402-3466
US



3. Date Incorporated or Qualified 12/31/1968
3a. Date of Last Report 03/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-1226966

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

MCAFEE, WILLIAM J.
SUITE 450
1818 S. AUSTRALIAN AVE.
W. PALM BEACH FL 33409

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME MCAFEE, HELEN W.
STREET ADDRESS 1818 S. AUSTRALIAN AVE., SUITE 450
CITY-ST-ZIP W. PALM BEACH FL

TITLE D
NAME MCAFEE, WILLIAM J.
STREET ADDRESS 1818 S. AUSTRALIAN AVE, SUITE 450
CITY-ST-ZIP W PALM BCH, FL 00000

TITLE PD
NAME WARD, WAGNER JR.
STREET ADDRESS 1818 S. AUSTRALIAN AVE., SUITE 450
CITY-ST-ZIP W PALM BCH, FL 00000

TITLE VD
NAME JOHNSON, ROBERT R.
STREET ADDRESS 1818 S. AUSTRALIAN AVE, SUITE 450
CITY-ST-ZIP W. PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VD
2.2 NAME MCAFEE, WILLIAM J.
2.3 STREET ADDRESS 1818 S. AUSTRALIAN AVE., STE #450
2.4 CITY-ST-ZIP WEST PALM BEACH, FL 33409

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D
4.2 NAME JOHNSON, ROBERT R.
4.3 STREET ADDRESS 1818 S. AUSTRALIAN AVE., STE. #450
4.4 CITY-ST-ZIP WEST PALM BEACH, FL 33409

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-97

Date

Daytime Phone #

CF2E034 (9/96)