

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

FILED

Feb 16 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 # 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
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/31/1968	4. FEI Number 59-1226966	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 Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23. Zip	28. Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24. Country	29. Country			

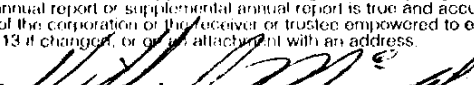
9. Name and Address of Current Registered Agent MCAFEE, WILLIAM J. SUITE 450 1818 S. AUSTRALIAN AVE. W. PALM BEACH FL 33409	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. Zip Code	FL 85

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	SD MCAFEE, HELEN W. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1818 S. AUSTRALIAN AVE., SUITE 450	1.2 NAME	
STREET ADDRESS	W. PALM BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD MCAFEE, WILLIAM J. <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1818 S. AUSTRALIAN AVE, SUITE 450	2.2 NAME	MCAFEE, WILLIAM J.
STREET ADDRESS	W PALM BCH, FL 00000	2.3 STREET ADDRESS	1818 S. Australian Ave, Ste.#450
CITY-ST-ZIP		2.4 CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	PD WARD, WAGNER JR. <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1818 S. AUSTRALIAN AVE., SUITE 450	3.2 NAME	WAGNER, JR., WARD
STREET ADDRESS	W PALM BCH, FL 00000	3.3 STREET ADDRESS	1818 S. Australian Ave, Ste.#450
CITY-ST-ZIP		3.4 CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	D JOHNSON, ROBERT R. <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1818 S. AUSTRALIAN AVE, SUITE 450	4.2 NAME	
STREET ADDRESS	W. PALM BEACH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:  2-10-98 561-686-5200

CR2E034 (10/97)