

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

FILED  
Feb 04 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 # 854886 (9)  
1. Corporation Name  
SOUTHERN RESEARCH INCORPORATED

Principal Place of Business 3784 MERCANTILE AVE NAPLES FL 34104 US	Mailing Address 3784 MERCANTILE AVE NAPLES FL 34104 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3786 Mercantile Ave. Suite, Apt. #, etc.		2a. Mailing Address 26 3786 Mercantile Ave. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/07/1982	
22 City & State 23 Naples, FL 24 Zip 34104		27 City & State 28 Naples, FL 29 Zip 34104		4. FEI Number 65-0007343	
25 Country USA		30 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
g. Name and Address of Current Registered Agent ZAISER, L.E. 3784 MERCANTILE AVE NAPLES FL 34104		10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		81 Name		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	
		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.

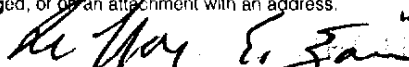
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	
NAME	ZAISER, LENOIR E	1.2 NAME	
STREET ADDRESS	550 ADMIRALTY PARADE W	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	MOORE, BROOKS E. JR	2.2 NAME	
STREET ADDRESS	1201 SPYGLASS LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	STV	3.1 TITLE	
NAME	SPENCER, MARVIN F	3.2 NAME	
STREET ADDRESS	3584 MERCANTILE AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
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 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:



LeNoir E. Zaiser 1/26/98 941-643-6577

CR2E034 (10/97)