

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0113760

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 856831

(3)

1. Corporation Name
BRASWELL SERVICES GROUP, INC.



Principal Place of Business: 60 BRASWELL STREET CHARLESTON SC 29405
 Mailing Address: 60 BRASWELL STREET CHARLESTON SC 29405

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 966 HOUSTON NORTHOUT Blvd. Suite, Apt. #, etc.
 22 Suite G City & State
 23 MT. PLEASANT S.C.
 24 29464 Zip Country
 25 USA
 26 P.O. Box 72529 Suite, Apt. #, etc.
 27 City & State
 28 CHARLESTON, S.C.
 29 29415 Zip Country
 30 USA

3. Date Incorporated or Qualified
 06/20/1983
 4. FEI Number 57-0549112 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

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		
TITLE	PCD	<input type="checkbox"/> DELETE
NAME	BRASWELL, ELLIOTT S.	
STREET ADDRESS	60 BRASWELL STREET	
CITY-ST-ZIP	CHARLESTON SC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ECHOLS, JACQUELYN A.	
STREET ADDRESS	60 BRASWELL STREET	
CITY-ST-ZIP	CHARLESTON SC	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	REYNOLD, JENNIFER B.	
STREET ADDRESS	60 BRASWELL STREET	
CITY-ST-ZIP	CHARLESTON SC	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BRASWELL, JAMES E.	
STREET ADDRESS	60 BRASWELL ST.	
CITY-ST-ZIP	CHARLESTON SC	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BRASWELL, ELLIOTT S. J	
STREET ADDRESS	60 BRASWELL ST.	
CITY-ST-ZIP	CHARLESTON SC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 _____

CR2E034 (5/98)