

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).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F07416 (3)
1. Corporation Name
WILLIAM F. ANDREW & ASSOCIATES, INC.

Principal Place of Business
1818 FIFTH ST. S.E.
P.O. BOX 9226
WINTER HAVEN FL 33880
US

Mailing Address
P.O. BOX 9226
P.O. BOX 9226
WINTER HAVEN FL 33883-9226
US

FILED
Jul 20 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/02/1980	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2042450	
24 Country		30 Country		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 has paid the current year intangible	
				Personal Property Tax due June 30. Yes No	

9. Name and Address of Current Registered Agent

ANDREW, WILLIAM F.
1818 5TH STREET S.E.
WINTER HAVEN FL 33880

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	PD	<input type="checkbox"/> DELETE
NAME	ANDREW, WILLIAM F.	
STREET ADDRESS	1818 5TH STREET SE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ANDREW, CAROL M.	
STREET ADDRESS	1818 5TH STREET SE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	

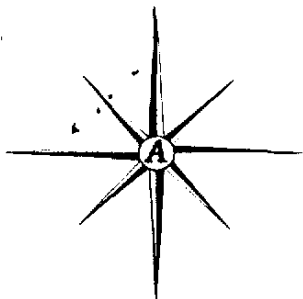
900002593129
07/20/98 01874 018
***150.00

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]

07/08/98 941/299-4767

CR2E034 (5/98)



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WILLIAM F. ANDREW & ASSOCIATES, INC.

P. O. BOX 9226 • WINTER HAVEN, FL 33883-9226
INDEPENDENT PROFESSIONAL CONSULTANTS • HEALTHCARE INFORMATION TECHNOLOGY
TEL: 941/299-4767 • FAX: 941/293-9678

SERVING HEALTHCARE SINCE 1970!

WILLIAM F. ANDREW, P.E.
President

July 8, 1998

Florida Department of State
Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: F07416

Dear Sir/Madam:

Enclosed is the 1998 Corporation Annual Report for this firm along with the regular \$150.00 filing fee. This "2nd Notice" was received while we were on vacation during June.

We never received the "1st Notice"...I will personally sign an affidavit to that effect. Here in Winter Haven, the main Post Office has been undergoing extensive renovations for over six months and much mail has been misdelivered ...perhaps a logical explanation!

I have also been preoccupied with my business and a wife with Alzheimer's-type dementia...thus, I only react to the mail I receive...and obviously could not anticipate receiving something that never arrived!

Over the past years, we have always filed this Report in a timely manner... that should also count for something.

When I called the Division of Corporations, 850/488-9000 (pressed #1), a "Cathy" advised me to write this letter, explaining the situation, and to submit the \$150.00 check.

I am assuming a positive disposition of this situation and your acceptance of the \$150.00 filing fee (as payment in full), as well as our explanation for not filing on time. Please advise as soon as possible so that we can move on. If you have any questions, I can be reached at 941/299-4767.

Thank you for your prompt attention to this matter. By the way, if a decision is made not to accept this explanation and the \$150.00 filing fee (as payment in full), it might be more cost-effective for me to reincorporate.

Sincerely,

W. F. Andrew
William F. Andrew, P.E.
President

PROVIDING "HIGH TOUCH" SOLUTIONS FOR "HIGH TECH" PROBLEMS!