FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DE PARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # F46738 (3)LIVERMORE & KLEIN, P.A. Principal Place of Business Mailing Address 1301 RIVERPLACE BLVD 1301 RIVERPLACE BLVD **SUITE 1825 SUITE 1825** JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 2a. Mailing Address 2. Principal Place of Business 21 Suite, Apt #, etc. Suite, Apt #, etc. 22 City & State City & State 23 Country Yes 24 25 Personal Property Tax due June 30. 29 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name LIVERMORE, DANIEL U JR 1301 RIVERPLACE BLVD Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 1825** 83 JACKSONVILLE FL 32207 City 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.

Mar 16 1998 8:00am Secretary of State

	DO NOT WRITE	E IN THIS	SPACE	
3.	Date Incorporated or Qualified 09/30/1981		-	
4.	FEI Number			Applied For
	59-2129150			Not Applicable
Б.	Certificate of Status Desired		\$8.75 Additional Fee Required	
6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
В.	This corporation owes or has paid the current year Intangible			

(NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE ___ Change Addition LIVERMORE, DANIEL U JR NAME 1301 RIVERPLACE BLVD, SUITE 1825 STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32207 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition KLEIN, RICHARD E NAME 2.2 NAME 1301 RIVERPLACE BLVD, SUITE 1825 STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 WILE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP TITLE DELETE 4 1 TITLE Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZIP DELETE Change ■ Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP Addition DELETE TITLE 6.1 TITLE STREET ADDRESS 63 STREET ADDRESS CITY-ST-7IP 4. Thereby cortify 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 supplier ental annual apport is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporate in the section of the section

SIGNATURE