

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

FILED

**Mar 30 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F60037 (1)
1. Corporation Name
A.J. PANZARELLA & CO. INC.



Principal Place of Business: **7080 SW 22 CT DAVIE FL 33317**
Mailing Address: **450 E. LAS OLAS BLVD. SUTIE 1200 FT LAUDERDALE FL US**

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
01/01/1982

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number **59-2162348**
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
**C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 3324**

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	PD	<input type="checkbox"/> DELETE
NAME	HUDSON, HARRIS W	
STREET ADDRESS	450 E. LAS OLAS BLVD., SUTIE 1200	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	HANDLEY, RICHARD L	
STREET ADDRESS	450 E. LAS OLAS BLVD., SUTIE 1200	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FAIRBANKS, RICHARD L	
STREET ADDRESS	450 E. LAS OLAS BLVD., SUTIE 1200	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KOOGLER, DONALD E	
STREET ADDRESS	450 E. LAS OLAS BLVD., SUITE 1200	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	AST	<input checked="" type="checkbox"/> DELETE
NAME	PEDDY, COURTLAND	
STREET ADDRESS	450 E. LAS OLAS BLVD., SUITE 1200	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	CARPENTER, MICHAEL	
STREET ADDRESS	450 E. LAS OLAS BLVD., SUITE 1200	
CITY-ST-ZIP	FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
2.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cole, James D.	
2.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Wright, Peter	
3.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor	
3.4 CITY-ST-ZIP		
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kilburn, Dan	
4.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor	
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
5.1 TITLE	AST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Hyle, Kathleen	
5.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor	
5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
6.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Sills, Howard	
6.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor	
6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	

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: _____ James A Cole 3/16/98 1511-710-7201

CR2E034 (10/97)