


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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000005518 (6)

1. Corporation Name

DE MORGAN INVESTMENT MANAGEMENT, INC.

Principal Place of Business

Mailing Address

6421 CONGRESS AVE
SUITE 112
BOCA RATON FL 33487

6421 CONGRESS AVE
SUITE 112
BOCA RATON FL 33487



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1734 Northgate Blvd	26	1734 Northgate Blvd	12/06/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				23-2544867	
22	City & State	27	City & State	5. Certificate of Status Desired	
23	Sarasota, FL	28	Sarasota, FL	<input type="checkbox"/> \$8.75 Additional Fee Required	
24	Zip	29	Zip	6. Election Campaign Financing Trust Fund Contribution	
34234		34234		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25	Country	30	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
USA		USA		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARWICK, ROBERT D
6421 CONGRESS AVE., STE 112
BOCA RATON FL 33485

81	Name	BARWICK, Robert D	
82	Street Address (P.O. Box Number is Not Acceptable)	1734 Northgate Blvd	
83			
84	City	Sarasota	FL
85	Zip Code	34234	

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 of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSC	1.1 TITLE	PSC
NAME	BARWICK, ROBERT D.	1.2 NAME	BARWICK, Robert D
STREET ADDRESS	6421 CONGRESS AVE., STE 112	1.3 STREET ADDRESS	1734 Northgate Blvd
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Sarasota, FL 34234
TITLE	EVP	2.1 TITLE	EVP
NAME	CARTER, WILLIAM J.	2.2 NAME	CARTER, William J.
STREET ADDRESS	6421 CONGRESS AVE., STE 112	2.3 STREET ADDRESS	1734 Northgate Blvd.
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Sarasota, FL 34234
TITLE	T	3.1 TITLE	T
NAME	WILLS, TRACY M.	3.2 NAME	Wills, TRACY M
STREET ADDRESS	6421 CONGRESS AVE., STE 112	3.3 STREET ADDRESS	1734 Northgate Blvd
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Sarasota, FL 34234
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

Tracy M. Wills

April 21, 1998 044-2544867

CR2E034 (10/97)