


FILE NOW: FILING FEE AFTER MAY 1ST IS \$500.00

FILED
Apr 28 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 # F 9500000 4404			
1. Corporation Name HENRY MACLIN ASSOCIATES INC. 200 GULFSHORE DR DESTIN, FL 32541			
Principal Place of Business SAME		Mailing Address	

2. Principal Place of Business				2a. Mailing Address		3. Date Incorporated or Qualified 9/12/95	
21	Suite, Apt. #, etc.			26	Suite, Apt. #, etc.		
22	City & State			27	City & State		
23	Zip			28	Zip		
24	Country			29	Country		
9. Name and Address of Current Registered Agent HENRY W. MACLIN JR 200 GULFSHORE DR DESTIN, FL, 32541				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				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, if applicable, (NOT: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	NAME	HENRY W. MACLIN JR	1.1 TITLE		1.2 NAME	
STREET ADDRESS			200 GULFSHORE DR	1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
CITY - ST - ZIP			DESTIN, FL, 32541	2.1 TITLE		2.2 NAME	
TITLE	VP	NAME	HENRY W. MACLIN JR	2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
STREET ADDRESS			147 INDIAN BAYOU DR	3.1 TITLE		3.2 NAME	
CITY - ST - ZIP			DESTIN, FL, 32541	3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
TITLE		NAME		4.1 TITLE		4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
CITY - ST - ZIP				5.1 TITLE		5.2 NAME	
TITLE		NAME		5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
STREET ADDRESS				6.1 TITLE		6.2 NAME	
CITY - ST - ZIP				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:  4/20/98 654-9304

CR2E034 (10/97)