

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

FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H59261** (8)
1. Corporation Name
CPA ASSOCIATES, P.A.

Principal Place of Business 1301 6TH AVE W SUITE 600 BRADENTON FL 34205 US	Mailing Address 1301 6TH AVE W SUITE 600 BRADENTON FL 34205 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/29/1985	
4. FEI Number 59-2526264	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
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

**VARNADORE, N. DONALD
1301 6TH AVE W
SUITE 600
BRADENTON FL 34205**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VARNADORE, N. DONALD	
STREET ADDRESS	2310 8TH STREET WEST	
CITY-ST-ZIP	PALMETTO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TYLER, LANNY W.	
STREET ADDRESS	2403 PHEASANT LANE	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAWTHORNE, WILLIAM H.	
STREET ADDRESS	1907-76TH STREET, N.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STATHIS, STAM W.	
STREET ADDRESS	603 PARK DRIVE	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KING, JEFFREY L	
STREET ADDRESS	406 20TH ST W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMMER, JAMES L	
STREET ADDRESS	8006 19TH AVE DR W	
CITY-ST-ZIP	BRADENTON FL 34209	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PARENT, BURETTE R. JR	
1.3 STREET ADDRESS	1203 Santiago Drive	
1.4 CITY-ST-ZIP	Bradenton FL 34209	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARLAR, JERRY D	
2.3 STREET ADDRESS	2862 Landings Circle	
2.4 CITY-ST-ZIP	Bradenton FL 34209	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MODRAK, M. DENNIS	
3.3 STREET ADDRESS	6404 Fox Hunt Lane	
3.4 CITY-ST-ZIP	Bradenton FL 34209	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Thomas, Kenneth L.	
4.3 STREET ADDRESS	859 49th Street Court West	
4.4 CITY-ST-ZIP	Bradenton FL 34209	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Mascio, Gina L	
5.3 STREET ADDRESS	4906 Old Creek Drive	
5.4 CITY-ST-ZIP	Sarasota, FL 34233	
6.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Hoffner, Dale R.	
6.3 STREET ADDRESS	2314 17th Street West	
6.4 CITY-ST-ZIP	PALMETTO, FL 34221	

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: *N. Donald Varnadore*

3/20/98 944-7424483

CR2E034 (10/97)