


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

FILED
Apr 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H63661 (3)
1. Corporation Name
STORM ASSOCIATES, INC.



Principal Place of Business 1472 W ML KING BLVD RIVIERA BEACH FL 33404 US	Mailing Address 1472 W ML KING BLVD 12895 ELLISON WILSON ROAD RIVIERA BCH FL 33404 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 1472 W ML King Blvd		06/25/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2543878	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29 33404		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25		30		Trust Fund Contribution	
25		30		5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
25		30		Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STORM, FRED 12895 ELLISON WILSON ROAD JUNO BEACH FL 33408				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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	[] DELETE		1.1 TITLE	[] Change [] Addition		
NAME	STORM, FRED			1.2 NAME			
STREET ADDRESS	12895 ELLISON WILSON RD.			1.3 STREET ADDRESS			
CITY - ST - ZIP	JUNO BEACH FL			1.4 CITY - ST - ZIP			
TITLE	D	[] DELETE		2.1 TITLE	[] Change [] Addition		
NAME	STORM, PATRICIA			2.2 NAME			
STREET ADDRESS	12895 ELLISON WILSON RD.			2.3 STREET ADDRESS			
CITY - ST - ZIP	JUNO BEACH FL			2.4 CITY - ST - ZIP			
TITLE		[] DELETE		3.1 TITLE	[] Change [] Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
TITLE		[] DELETE		4.1 TITLE	[] Change [] Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		[] DELETE		5.1 TITLE	[] Change [] Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		[] DELETE		6.1 TITLE	[] Change [] Addition		
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: Patricia Storm Patricia Storm 4/10/98 561-848-8743

CR2E034 (10/97)