

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

**FILED**  
**Jan 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H77535 (3)**  
 1. Corporation Name  
**BRENNAN, HAYSKAR, JEFFERSON, WALKER & SCHWERER, P.A.**



Principal Place of Business % JOHN T. BRENNAN 519 SOUTH INDIAN RIVER DRIVE FORT PIERCE FL 34950	Mailing Address % JOHN T. BRENNAN 519 SOUTH INDIAN RIVER DRIVE FORT PIERCE FL 34950
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/24/1985</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2579109</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24	Country	29	Zip	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	
25	Country	30	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRENNAN, JOHN T. 519 SOUTH INDIAN RIVER DRIVE FORT PIERCE FL 34950				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BRENNAN, JOHN T.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	519 S. INDIAN RIVER DR.	1.2 NAME	
STREET ADDRESS	FORT PIERCE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD HAYSKAR, STEPHEN G.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	519 S. INDIAN RIVER DR.	2.2 NAME	
STREET ADDRESS	FORT PIERCE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD JEFFERSON, BRADFORD L.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	519 S. INDIAN RIVER DR.	3.2 NAME	
STREET ADDRESS	FORT PIERCE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D WALKER, JAMES T.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	519 S. INDIAN RIVER DR.	4.2 NAME	
STREET ADDRESS	FORT PIERCE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD SCHWERER, ROBERT V.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	519 S. INDIAN RIVER DR.	5.2 NAME	
STREET ADDRESS	FORT PIERCE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: John T. Brennan **REQUIRE** Jan 7, 1998

CR2E034 (10/97)