


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

FILED

**Apr 30 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 # J39709 (7)

1. Corporation Name
MCBRIDE & WARD, INC.



Principal Place of Business 1207 3RD ST. SOUTH. STE. #8 NAPLES FL 33940-3627	Mailing Address 1207 3RD ST. SOUTH. STE. #8 NAPLES FL 33940-3627
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 800 FIFTH AVENUE S #200	2a. Mailing Address 26 800 FIFTH AVENUE S #200
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 NAPLES, FLORIDA	City & State 28 NAPLES, FLORIDA
Zip 24 34102	Country 25 USA
Country 29 USA	Zip 30 34102

3. Date Incorporated or Qualified 10/21/1986	
4. FEI Number 59-2733534	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	

9. Name and Address of Current Registered Agent

**WARD, JANICE M.
1207 3RD STREET SOUTH, STE. #8
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name		
82 Street Address (P.O. Box Number is Not Acceptable) 800 FIFTH AVENUE S #200		
83		
84 NAPLES	85 FL	Zip Code 34102

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	DPAT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, WILLIAM J.	1.2 NAME	
STREET ADDRESS	1207 THIRD ST. S, STE 8	1.3 STREET ADDRESS	800 FIFTH AVENUE S #200
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES, FL 34102
TITLE	DVS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, JANICE M.	2.2 NAME	
STREET ADDRESS	1207 THIRD ST. STE.8	2.3 STREET ADDRESS	800 FIFTH AVENUE S #200
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	NAPLES, FL 34102
TITLE	DCT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBRIDE, CLYDE	3.2 NAME	
STREET ADDRESS	1333 OCEAN AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MANTOLOKING NJ	3.4 CITY-ST-ZIP	
TITLE	DVAS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBRIDE, LORRAINE	4.2 NAME	
STREET ADDRESS	1333 OCEAN AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MANTOLOKING NJ	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 _____ DATE **4/20/98** 941)263-7000

CR2E034 (10/97)