

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

FILED

Mar 31 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 # **J40682** (3)
1. Corporation Name
FNB BROKERAGE SERVICES, INC.

Principal Place of Business C/O LEONARD HOAG 815 COLORADO AVENUE STUART FL 34994 US	Mailing Address C/O LEONARD HOAG 815 COLORADO AVENUE STUART FL 34994 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/31/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2739052	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HOAG, LEONARD 815 COLORADO AVE STUART FL 34994		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
		FL	

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 reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUDSON, DENNIS S., JR.	1.2 NAME	C. WILLIAM CURTIS
STREET ADDRESS	815 COLORADO AVENUE	1.3 STREET ADDRESS	815 COLORADO AVE
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	STUART, FL 34994
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUDSON, DALE M.	2.2 NAME	BONNY TURNER
STREET ADDRESS	815 COLORADO AVENUE	2.3 STREET ADDRESS	815 COLORADO AVE,
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	STUART, FL 34994
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUDSON, DENNIS S., III	3.2 NAME	PETER J. LOWERY
STREET ADDRESS	815 COLORADO AVENUE	3.3 STREET ADDRESS	815 COLORADO AVE,
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	STUART, FL 34994
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAHL, WILLIAM R.	4.2 NAME	
STREET ADDRESS	815 COLORADO AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOAG, LEONARD J	5.2 NAME	
STREET ADDRESS	815 COLORADO AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, LIS F	6.2 NAME	
STREET ADDRESS	815 COLORADO AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	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: _____

Lis F Patterson

3/25/98 (641)288-6072

CR2E034 (10/97)