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FILED

**May 13 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J76170 (6)
1. Corporation Name
FANNING/HOWEY ASSOCIATES OF FLORIDA, INC.



Principal Place of Business: **222 LAKEVIEW AVENUE, SUITE 148 WEST PALM BCH. FL 33401**
Mailing Address: **222 LAKEVIEW AVENUE, SUITE 148 WEST PALM BCH. FL 33401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/05/1987

4. FEI Number
34-1557301

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
**CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FANNING, RONALD H. 540 E. MARKET ST. CELINA OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOWEY, CLAIR E. 540 E. MARKET ST. CELINA OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNWOODY, THOMAS J. 540 E. MARKET ST. CELINA OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROCKWAY, LEE J. 540 E. MARKET ST. CELINA OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROLFES, GARY 540 E MARKET ST CELINA OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANNING, RAY 1400 CENTREPARK BLVD 700 W PALM BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	T/S/D ROLFES, GARY 540 EAST MARKET STREET CELINA OH
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	XX/IX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Fanning, Ronald H. 540 East Market Street Celina OH
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Mader, Daniel R. 3750 Priority Way S Drive; Suite 110 Indianapolis IN
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D Tercilla, Rene' 222 Lakeview Ave; Suite 148 West Palm Beach FL
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	P/D Manning/Raymond L. 222 Lakeview Ave, Suite 148 West Palm Beach FL

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.

CR2E034 (10/97)