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Mar 11 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 # K88484 (6)

1. Corporation Name
SOUTHERN SERVICES BROKERAGE, INC.



Principal Place of Business %JEFFREY T. ROBERTS 3689 AYALON BLVD. MILTON FL 32583 US	Mailing Address %JEFFREY T. ROBERTS 3689 AYALON BLVD. MILTON FL 32583 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3689 Avalon Boulevard Suite, Apt. #, etc. 22 Milton, Florida 32583 City & State 23 Milton, Florida 32583 Zip 24 32583		2a. Mailing Address 26 3689 Avalon Boulevard Suite, Apt. #, etc. 27 Milton, Florida 32583 City & State 28 Milton, Florida 32583 Zip 29 32583		3. Date Incorporated or Qualified 05/16/1989	
4. FEI Number 59-2947913		Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent ROBERTS, JEFFREY T 3689 AYALON BLVD. MILTON FL 32583 MILTON				10. Name and Address of New Registered Agent			
				81 Name Same			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE **January 5, 1998**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, JEFFREY T	1.2 NAME	
STREET ADDRESS	3689 AYALON BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32583	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLEUEL, HOWARD L., JR.	2.2 NAME	
STREET ADDRESS	7656 RIVER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32583	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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: **January 5, 1998** (850) 623-0846

CR2E034 (10/97)