

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

FILED
May 06 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 # L56106 (2)
1. Corporation Name
ALLEN C. EWING FINANCIAL SERVICES, INC.



Principal Place of Business 1030 N ORANGE AVE. STE 300 ORLANDO FL 32801	Mailing Address 1030 N ORANGE AVE. STE 300 ORLANDO FL 32801
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 100 North Tampa Street Suite, Apt. #, etc. 22 Suite 2175 City & State 23 Tampa, FL Zip 24 33602		2a. Mailing Address 26 100 Tampa Street Suite, Apt. #, etc. 27 Suite 2175 City & State 28 Tampa FL Zip 29 33602		3. Date Incorporated or Qualified 03/09/1990	
				4. FEI Number 59-2993176	
				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 HARRIS, CHARLES E 1030 N ORANGE AVE SUITE 300 ORLANDO FL 32801				10. Name and Address of New Registered Agent 81 Name Benjamin C. Bishop, Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 50 N. Laura Street 83 Suite 3625 84 City Jacksonville FL 85 Zip Code 32202			
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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: *Benjamin C. Bishop*
Signature typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VCD	<input type="checkbox"/> DELETE		1. TITLE	P, VC, D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BISHOP, BENJAMIN C. JR.			12. NAME			
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 3625			13. STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			14. CITY-ST-ZIP			
TITLE	VTAS	<input type="checkbox"/> DELETE		2.1 TITLE	V, T, S, CFO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONES, JANICE B.			2.2 NAME			
STREET ADDRESS	100 N. TAMPA ST., SUITE 2100			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33602			2.4 CITY-ST-ZIP			
TITLE	CPD	<input type="checkbox"/> DELETE		3.1 TITLE	C, O	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRIS, CHARLES E.			3.2 NAME			
STREET ADDRESS	1030 N ORANGE AVE STE 300			3.3 STREET ADDRESS	3339 Northglenn Dr.		
CITY-ST-ZIP	ORLANDO FL			3.4 CITY-ST-ZIP	Orlando, FL 32806		
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	AS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEDGECOCK, SUZANNE D.			4.2 NAME			
STREET ADDRESS	1030 N ORANGE AVE STE 300			4.3 STREET ADDRESS	507 E. Miller Street		
CITY-ST-ZIP	ORLANDO FL			4.4 CITY-ST-ZIP	Orlando, FL 32806		
TITLE	AS	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDERSON, SHARRON			5.2 NAME			
STREET ADDRESS	50 NORTH LAURA STREET, SUITE 3625			5.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			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 in an attachment with an address.

SIGNATURE: *Benjamin C. Bishop* 4/20/98 904/354-5523

CR2E034 (10/97)