

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

3. Date Incorporated or Qualified 03/09/1990		4. FEI Number 59-2993176		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 100 North Tampa Street Suite, Apt. #, etc.	2a. Mailing Address 26 100 Tampa Street Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
22 Suite 2175 City & State	27 Suite 2175 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
23 Tampa, Fl Zip	28 Tampa Fl Zip	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		
24 33602	25 Country	29 33602	30 Country	

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	85 Zip Code FL 32202	

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 (if 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	1.1 TITLE P, VC, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BISHOP, BENJAMIN C. JR.		1.2 NAME	
STREET ADDRESS 50 NORTH LAURA STREET, SUITE 3625		1.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		1.4 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)