

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 09 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 # **M38047** (0)
1. Corporation Name
GRIFFIN/EVANS AND ASSOCIATES, INC.



Principal Place of Business	Mailing Address
5400 S. Univ. Dr.	5400 S. Univ. Dr.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/09/1986	
21 5400 S. Univ. Dr.	26 5400 S. Univ. Dr.	4. FEI Number 59-2778725		Applied For Not Applicable	
22 101	27 101	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Davie, FL	28 Davie, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33308	25 US	29 33308		30 US	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
EVANS, JAY C 18951 S.W. 51ST MANOR FT LAUDERDALE FL 33332				81 Name	
				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

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 PT	<input checked="" type="checkbox"/> DELETE	11 TITLE PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JAY C. EVANS		12 NAME JAY C. EVANS	
STREET ADDRESS 18951 SW 51st Manor		13 STREET ADDRESS 18951 SW 51st Manor	
CITY-ST-ZIP FT LAUDERDALE FL 33332		14 CITY-ST-ZIP FT LAUDERDALE, FL 33332	
TITLE VPS	<input checked="" type="checkbox"/> DELETE	21 TITLE VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BRYAN ALEXANDER		22 NAME BRYAN ALEXANDER	
STREET ADDRESS 11633 NW 25 St.		23 STREET ADDRESS 11633 NW 25 St.	
CITY-ST-ZIP DAVIE FL 33308		24 CITY-ST-ZIP DAVIE, FL 33308	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(l), 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: **Jay C. Evans, President** 7-6-98 954-680-6533

CR2E034 (5/98)