

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).

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PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 SEP 16 AM 10:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000053652 (1)

1. Corporation Name
 SEVERINO & ASSOCIATES, INC.
 ASSOCIATES

01



Principal Place of Business
 11380 PROSPERITY FARMS
 SUITE 214
 PALM BEACH GARDENS FL 33410

Mailing Address
 P.O. BOX 32301
 PALM BEACH GARDENS FL 33420

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
 22 SUITE 214 B
 23 City & State

26 Suite, Apt. #, etc.
 27 City & State

24 Zip
 25 Country

28 Zip
 29 Country
 30

3. Date Incorporated or Qualified

07/18/1994

4. FEI Number

65-0502018

Applied For
 Not Applicable

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

9. Name and Address of Current Registered Agent

SEVERINO, JOSEPH L
 308 BRACKENWOOD CIRCLE
 PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name SEVERINO JOSEPH L.
 82 Street Address (P.O. Box Number is Not Acceptable)
 6 COLONIAL CLUB DRIVE
 83
 84 City BOYNTON BEACH FL 85 Zip Code 33435

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	SEVERINO, JOSEPH L	
STREET ADDRESS	308 BRACKENWOOD CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SEVERINO, JOSEPH L.	
1.3 STREET ADDRESS	6 COLONIAL CLUB DRIVE	
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 ****150.00 ****150.00

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:

JOSEPH L. SEVERINO

501 624 5527

CR2E034 (5/98)

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SEVERINO & ASSOCIATES Inc.

11380 Prosperity Farms Road
Suite 216 B
Palm Beach Gardens, FL 33410
(561) 624-5527
(561) 691-1805 FAX

Florida Department of State
Leslie Sellers
P.O. Box 6327
Tallahassee, FL 32314

September 14, 1998

Dear Ms. Sellers,

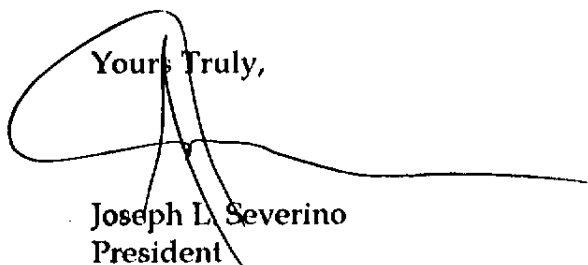
As per our conversation, I am submitting the annual report statement for Severino & Associates inc. for the fourth time.

The original mailing of April 3, 1998, prior to the original deadline, was apparently lost in the system since the original check, #1567 Washington Mutual (then Great western), was never cashed. Since then I have contacted your office several times to find out the proper procedure for satisfying this report.

Your help in resolving this matter will be greatly appreciated. If you have any questions please call our offices instead of just mailing the check and form back.

Thank you in advance for your help in this matter

Yours Truly,



Joseph L. Severino
President