
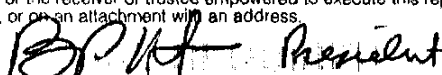


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000007263 (3)					
1. Corporation Name HAGGERTY & ASSOCIATES, INC.					
Principal Place of Business 2800 N FEDERAL HWY BOCA RATON FL 33431			Mailing Address 2800 N FEDERAL HWY BOCA RATON FL 33431-6802		
2. Principal Place of Business 21 2880 N. FEDERAL HWY Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 25 2880 N. FEDERAL HWY Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29		3. Date Incorporated or Qualified 01/27/1995 3a. Date of Last Report 05/02/1996 4. FEI Number 65-0550683 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent HAGGERTY, BRIAN P 980 NW 8TH STREET BOCA RATON FL 33486			10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	HAGGERTY, BRIAN P				
STREET ADDRESS	980 NW 8TH STREET				
CITY-ST-ZIP	BOCA RATON FL 33486				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	HAGGERTY, GLENN R				
STREET ADDRESS	882 SW 21ST LANE				
CITY-ST-ZIP	BOCA RATON FL 33486				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	HAGGERTY, KAREN				
STREET ADDRESS	980 SW 20TH STREET				
CITY-ST-ZIP	BOCA RATON FL 33486				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	FELDMAN, MICHAEL				
STREET ADDRESS	500 NE SPANISH RIVER BLVD. STE. 205				
CITY-ST-ZIP	BOCA RATON FL 33431				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	SAYERS, CARMEN				
STREET ADDRESS	746 CAMINO LAKES CIR.				
CITY-ST-ZIP	BOCA RATON FL 33486				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	FREY, NEAL V				
STREET ADDRESS	18160 181ST CIR. S.				
CITY-ST-ZIP	BOCA RATON FL 33498				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
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					
14. I do 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:  President 4/2/97 5617509777					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CP2E034 (9/96)