


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

FILED
Jan 22 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 # P95000023172 (6)
 1. Corporation Name
SIMON, SIGALOS & SPYREDES, P.A.



Principal Place of Business 2255 GLADES RD. SUITE 300E BOCA RATON FL 33431	Mailing Address 2255 GLADES RD. SUITE 300E BOCA RATON FL 33431
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4800 North Federal Hwy	26 4800 N. Fed. Hwy			03/20/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 100-D	27 100-D			65-0564112	
City & State		City & State		5. Certificate of Status Desired	
23 Boca Raton, FL	28 Boca Raton, FL			<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24 33431	25 US	29 33431	30 US	<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

SIMON, MICHAEL W 2255 GLADES RD. SUITE 300E BOCA RATON FL 33431				81 Name	SIMON, Michael W.	
				82 Street Address (P.O. Box Number is Not Acceptable)	4800 N. Federal Highway	
				83	suite 100-D	
				84 City	Boca Raton	FL
				85 Zip Code	33431	

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 Michael W. Simon Michael W. Simon 1/2/98
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	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, MICHAEL W	1.2 NAME	
STREET ADDRESS	2255 GLADES RD., SUITE 300E	1.3 STREET ADDRESS	4800 N. Federal Highway #100-D
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STIGALOS, GEORGE L	2.2 NAME	Sigalos, George L
STREET ADDRESS	4800	2.3 STREET ADDRESS	4800 N. Fed. Hwy #100-D
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Spyredes, Anastasios T
STREET ADDRESS		3.3 STREET ADDRESS	4800 N. Fed Hwy
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 on an attachment with an address.

SIGNATURE: Michael W. Simon Michael W. Simon 1/2/98 561-447-0017
SIGNATURE AND TITLE REQUIRED FOR NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (10/97)