


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

FILED

Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000033246 (6)					
1. Corporation Name M. SHERMAN BLISS & ASSOCIATES, INC.					
Principal Place of Business 1093 A1A BEACH BLVD. SUITE 395 ST. AUGUSTINE BEACH FL 32084			Mailing Address P.O. BOX 1870 SISTERS OR 97759		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/28/1995	
22 City & State		27 City & State		4. FEI Number 59-3311311	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <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		
BLISS, ROLAND B 246 MARSHSIDE DR. ST. AUGUSTINE FL 32084			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			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 NAME STREET ADDRESS CITY - ST - ZIP			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
D BLISS, ROLAND B 246 MARSHSIDE DR. ST. AUGUSTINE FL			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> DELETE					
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> DELETE					
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> DELETE					
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> DELETE					
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> DELETE					
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> DELETE					

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:

[Signature] 1/5/98 (541) 504-1124

CR2E034 (10/97)