


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

FILED

May 19 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 # P96000040228 (4)

1. Corporation Name  
FEDERATED AGENCY GROUP, INC.



Principal Place of Business 2107 SOUTH ANDREWS AVENUE FORT LAUDERDALE FL 33316	Mailing Address 2107 SOUTH ANDREWS AVENUE FORT LAUDERDALE FL 33316-3431
--	---

2. Principal Place of Business 21 3201 North Federal Hwy. Suite, Apt. #, etc. 22 Suite 201 City & State 23 Fort Lauderdale, FL Zip 24 33306		2a. Mailing Address 26 3201 North Federal Hwy. Suite, Apt. #, etc. 27 Suite 201 City & State 28 Fort Lauderdale, FL Zip 29 33306		3. Date Incorporated or Qualified 05/06/1996		3a. Date of Last Report	
				4. FEI Number 65-0749350		Applied For Not Applicable	
				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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent LAWSON, EDWARD 2107 SOUTH ANDREWS AVENUE FORT LAUDERDALE FL 33316				10. Name and Address of New Registered Agent 81 Name Robert A. Sandler 82 Street Address (P.O. Box Number is Not Acceptable) 3201 North Federal Highway 83 Suite 201 84 City Fort Lauderdale, FL 85 Zip Code 33306			
--	--	--	--	--	--	--	--

11. Pursuant to the provisions of Sections 607.0512 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 reappointing)

DATE

4/28/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAWSON, EDWARD			1.2 NAME	Edward J. Lawson		
STREET ADDRESS	2107 SOUTH ANDREWS AVENUE			1.3 STREET ADDRESS	3201 North Federal Highway, Ste 201		
CITY-ST-ZIP	FORT LAUDERDALE FL 33316			1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33306		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				2.2 NAME	Robert A. Sandler		
STREET ADDRESS				2.3 STREET ADDRESS	3201 North Federal Highway, Ste 201		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33306		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	Ronald A. Raymond		
STREET ADDRESS				3.3 STREET ADDRESS	3201 North Federal Highway, Ste 201		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33306		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	Michele V. Lawson		
STREET ADDRESS				4.3 STREET ADDRESS	3201 North Federal Highway, Ste 201		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33306		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	Robert J. Silverman		
STREET ADDRESS				5.3 STREET ADDRESS	3201 North Federal Highway, Ste 201		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Fort Lauderdale, FL 33306		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	Bruce H. Kramer		
STREET ADDRESS				6.3 STREET ADDRESS	3201 North Federal Highway, Ste 201		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Fort Lauderdale, FL 33306		

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:



4/28/97 (934)364-4300

CF2E034 (9/96)