

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

FILED
Apr 07 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 # P96000040228 (4)

1. Corporation Name

FEDERATED AGENCY GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2107 SOUTH ANDREWS AVENUE FORT LAUDERDALE FL 33316 US	Mailing Address 2107 SOUTH ANDREWS AVENUE FORT LAUDERDALE FL 33316 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 05/06/1996	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 owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent SANDLER, ROBERT A 3201 N. FEDERAL HWY., STE 201 FORT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent 81 Name Sandler, Robert A. 82 Street Address (P.O. Box Number is Not Acceptable) 2107 South Andrews Ave 83 84 City Ft Lauderdale FL 85 Zip Code 33316

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 then if applicable

(NOTE: Registered Agent signature required when reinstating)

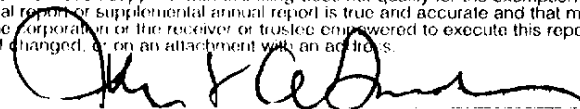
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	NAME	1.1 TITLE
STREET ADDRESS	3201 N. FEDERAL HWY., STE 201	1.2 NAME
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	1.3 STREET ADDRESS
TITLE	NAME	1.4 CITY-ST-ZIP
STREET ADDRESS	3201 N. FEDERAL HWY., STE 201	2.1 TITLE
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	2.2 NAME
TITLE	NAME	2.3 STREET ADDRESS
STREET ADDRESS	3201 N. FEDERAL HWY., STE 201	2.4 CITY-ST-ZIP
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	3.1 TITLE
TITLE	NAME	3.2 NAME
STREET ADDRESS	3201 N. FEDERAL HWY., STE 201	3.3 STREET ADDRESS
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE
STREET ADDRESS	3201 N. FEDERAL HWY., STE 201	4.2 NAME
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	4.3 STREET ADDRESS
TITLE	NAME	4.4 CITY-ST-ZIP
STREET ADDRESS	3201 N. FEDERAL HWY., STE 201	5.1 TITLE
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS
STREET ADDRESS	3201 N. FEDERAL HWY., STE 201	5.4 CITY-ST-ZIP
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	6.1 TITLE
TITLE	NAME	6.2 NAME
STREET ADDRESS	3201 N. FEDERAL HWY., STE 201	6.3 STREET ADDRESS
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	6.4 CITY-ST-ZIP

1.1 TITLE	See attachment for complete updated list of officers and directors	<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 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:



3/31/98

CR2E034 (10/97)