

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

FILED
Mar 05 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 # **P97000011290 (8) NC** 12/31/97
1. Corporation Name
WAGNER, CHOYCE & SOLOMON, P.A.
WAGNER & SOLOMON, P.A.

Principal Place of Business Mailing Address
198 PROMENADE CIRCLE **198 PROMENADE CIRCLE**
LAKE MARY FL 32746 **LAKE MARY FL 32746**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Date Incorporated or Qualified	
21 2400 MAITLAND CENTER PARKWAY		02/03/1997	
Suite, Apt. #, etc.		4. FEI Number	
22 225		59-3434369	
City & State		Applied For	
23 MAITLAND, FL		<input type="checkbox"/> Not Applicable	
Zip		5. Certificate of Status Desired	
24 32751		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		6. Election Campaign Financing	
25 USA		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		Trust Fund Contribution	
28 ORLANDO, FL		<input type="checkbox"/>	
Zip		8. This corporation owes or has paid the current year Intangible	
29 32804		Personal Property Tax due June 30.	
Country		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30 USA			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WAGNER, LYNN E		81 Name	
198 PROMENADE CIRCLE		82 Street Address (P.O. Box Number is Not Acceptable)	
LAKE MARY FL 32746		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

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	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT / TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	LYNN E. WAGNER
STREET ADDRESS		1.3 STREET ADDRESS	2400 MAITLAND CENTER PKWY. #225
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MAITLAND, FLORIDA 32751
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT / SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	RICHARD A. SOLOMON
STREET ADDRESS		2.3 STREET ADDRESS	2400 MAITLAND CENTER PKWY. #225
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MAITLAND, FLORIDA 32751
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	6.1 TITLE	70000244881 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-03/06/98--01009--015
STREET ADDRESS		6.3 STREET ADDRESS	***150.00
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 **WAGNER** 12/31/97 12/31/97

CR2E034 (10/97)