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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite. Apt. #. etc.

City & State

23 Zip

24

CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000047793 (9)

BURKEY, COOKSEY & ASSOCIATES, INC.

Country

9. Name and Address of Current Registered Agent

25

COOKSEY, GRADY M JR. 160 E. LAKE BRANTLEY DR.

LONGWOOD FL 32779-4807

Principal Place of Business	Mailing Address
160 E. LAKE BRANTLEY DR.	160 E. LAKE BRANTLEY DR.
LONGWOOD FL 32779-4807	LONGWOOD FL 32779-4807

26

29

2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED
Jan 29 1998 8:00am
Secretary of State

_				
-	DO NOT WRITE IN THIS SPACE			
	3. Date Incorporated or Qualified			
	05/30/1997			
	4. FEI Number	Applied For		
	59-3450299	Not Applicable		
	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
1	This corporation owes or has paid the current wear Intendible			

Personal Property Tax due June 30.

Street Address (P.O. Box Number is Not Acceptable)

10. Name and Address of New Registered Agent

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.

Country

30

SIGNATURE lonature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE COOKSEY, GRADY M JR. NAME 1,2 NAME STREET ADDRESS 160 E. LAKE BRANTLEY DR. 1.3 STREET ADDRESS LONGWOOD FL 32779-4807 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE 2.1 TITLE Addition BURKEY, GARY L NAME 2.2 NAME 160 E. LAKE BRANTLEY DR. STREET ADDRESS 2.3 STREET ADDRESS LONGWOOD FL 32779-4807 CITY - SY - ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3 STREET ADDRESS 8.4-CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST- ZIP 5.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 to Block 13 if changed, or on an attachment with an address.

SIGNATURE AUSTIN DIVILLE MEDRICY (/19/98 652-112