

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

FILED
Feb 18 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 # **P97000078978 (8)**

1. Corporation Name

PL&E INVESTMENT SERVICES, INC.



Principal Place of Business

Mailing Address

**6622 SOUTHPOINT DR S
STE 495, BARNETT PLAZA
JACKSONVILLE FL 32216-6188**

**6622 SOUTHPOINT DR S
STE 495, BARNETT PLAZA
JACKSONVILLE FL 32216-6188**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/09/1997	
21	Suite, Apt. #, etc.	26	P O Box 550507	4. FEI Number 59-3467637	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	City & State	28	Jacksonville, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	30	Country		

9. Name and Address of Current Registered Agent

**PRESSER, EDWIN
4417 BEACH BLVD, STE 310
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel M. Edelman	1.2 NAME	
STREET ADDRESS	6622 Southpoint Dr., S. #495	1.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32216	1.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William R. Lahnen, Jr.	2.2 NAME	
STREET ADDRESS	6622 Southpoint Dr., S. #495	2.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32216	2.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Randall L. Herndon	3.2 NAME	
STREET ADDRESS	6622 Southpoint Dr., S. #495	3.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32216	3.4 CITY-ST-ZIP	
TITLE	Secretary/Treasurer <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Neil N. Presser	4.2 NAME	
STREET ADDRESS	6622 Southpoint Dr., S. #495	4.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32216	4.4 CITY-ST-ZIP	
TITLE	Asst. Secretary/Treasurer <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John W. Ranes, Jr.	5.2 NAME	
STREET ADDRESS	6622 Southpoint Dr., S. #495	5.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32216	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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:

[Handwritten Signature] 2/12/98 904 2969333

CR2E034 (10/97)