

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

PERIODIC
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000081516 (1)

1. Corporation Name

HERMELEE, STIEGLITZ & SHARP, P.A.

Principal Place of Business

200 NORTH LAURA STREET
TWELFTH FLOOR
JACKSONVILLE FL 32202

Mailung Address

200 NORTH LAURA STREET
TWELFTH FLOOR
JACKSONVILLE FL 32202

2. Principal Place of Business

21 State, Apt. Bldg.

22 City & State

23 Zip Country

24 25 g. Name and Address of Current Registered Agent

SHARP, SARAH H
200 NORTH LAURA STREET
TWELFTH FLOOR
JACKSONVILLE FL 32202

2a Mailing Address

26 State, Apt. Bldg.

27 City & State

28 Zip Country

29 30

11. This report being given in compliance with the provisions of Chapter 607, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. The change of agent is being made in compliance with the provisions of Chapter 607, Florida Statutes, and is authorized by the corporation's Board of Directors. Thereby accept the appointment as registered agent.

GRANTING

12. D SHARP, SARAH H
1301 RIVERPLACE BLVD. #1009
JACKSONVILLE FL 32207

HERMELEE, BRUCE G
200 NORTH LAURA STREET
JACKSONVILLE FL 32202

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JACKSONVILLE FL 32202

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HERMELEE, BRUCE G
200 NORTH LAURA STREET
JACKSONVILLE FL 32202

13. D/P/T/S
Sharp, Sarah Helene
200 North Laura Street, 12th Floor
Jacksonville, FL 32202

D/VP
Hermlee, Bruce G.
25 SE Second Avenue, Suite 1135
Miami, Florida 33131

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FILED
May 15 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1997

4. FID Number
59-3473440

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30

[X] Yes [] No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

14. I, the undersigned, being duly sworn, depose and say that the information furnished herein is true and correct to the best of my knowledge and belief, and that my signature shall have the same legal effect as if made under oath, and I am an authorized officer of the corporation, and I am duly qualified to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the report.

SIGNATURE

Sarah Helene Sharp

4/26/98

(904) 353-6100

CR2E034 (10/97)