

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

FILED
May 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 # P97000081517 (9)
 1. Corporation Name
COLE, WHITE & BILLBROUGH, P.A.



Principal Place of Business C/O MARK S. FELUREN, WALDMAN & FELUREN.PA 1 FINANCIAL PLAZA, STE. 1500 FT. LAUDERDALE FL 33394	Mailing Address C/O MARK S. FELUREN, WALDMAN & FELUREN.PA 1 FINANCIAL PLAZA, STE. 1500 FT. LAUDERDALE FL 33394
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1390 Brickell Ave. Suite, Apt. #, etc. 22 3rd Floor City & State 23 Miami, Florida Zip Country 24 33131 25 Miami-Dade	2a. Mailing Address 26 1390 Brickell Ave. Suite, Apt. #, etc. 27 3rd Floor City & State 28 Miami, Florida Zip Country 29 33131 30 Miami-Dade
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3. Date Incorporated or Qualified 09/19/1997	4. FEI Number 65-079-2149	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent FELUREN, MARK S 100 SE 3RD AVE., STE. 1500 FT. LAUDERDALE FL 33394	10. Name and Address of New Registered Agent <table border="1"> <tr> <td>81 Name</td> <td>85 Zip Code</td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td>FL</td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td></td> </tr> </table>	81 Name	85 Zip Code	82 Street Address (P.O. Box Number is Not Acceptable)	FL	83		84 City	
81 Name	85 Zip Code								
82 Street Address (P.O. Box Number is Not Acceptable)	FL								
83									
84 City									

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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D BILLBROUGH, G. BART	1.2 NAME	D Richard P. Cole
STREET ADDRESS	1 FINANCIAL PLAZA, STE. 1500	1.3 STREET ADDRESS	1390 Brickell Avenue
CITY-ST-ZIP	FT. LAUDERDALE FL 33394	1.4 CITY-ST-ZIP	Miami, FL. 33131
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	D John G. White, III
STREET ADDRESS		2.3 STREET ADDRESS	222 Lakeview Avenue, Suite 210
CITY-ST-ZIP		2.4 CITY-ST-ZIP	West Palm Beach, FL. 33401
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	<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 as an attachment with an address.

SIGNATURE: *G. Bart Billbrough*

11-27-98 305-350-5300

CR2E034 (10/97)