

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

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Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra E. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000098603 (8)

1. Corporation Name

LEIRUM DROFNER SALGUOD, INC.



Principal Place of Business 637 EXECUTIVE CENTER DRIVE, N-105 WEST PALM BEACH FL 33401	Mailing Address 637 EXECUTIVE CENTER DRIVE, N-105 WEST PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 637 EXECUTIVE CENTER DR. N-105		2a. Mailing Address 637 EXECUTIVE CENTER DR. N-105	
21. Suite, Apt. #, etc. N-105	26. Suite, Apt. #, etc. N-105	3. Date Incorporated or Qualified 11/17/1997	
22. City & State FLA. WEST PALM BEACH	27. City & State WEST PALM BEACH, FL	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23. Zip 33401	28. Zip 33401	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country PALM BEACH	29. Country PALM BEACH	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 DOUGLAS, RENFORD W 637 EXECUTIVE CENTER DRIVE, N-105 WEST PALM BEACH FL 33401		10. Name and Address of New Registered Agent	
81. Name RENFORD W DOUGLAS		82. Street Address (P.O. Box Number is Not Acceptable) 637 EXECUTIVE CENTER DRIVE	
83. N-105		84. City WEST PALM BEACH FL 85. Zip Code 33401	

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 *Renford W Douglas* P/D (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	DOUGLAS, RENFORD W 637 EXECUTIVE CENTER DRIVE, N-105 WEST PALM BEACH FL 33401	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE STD	DOUGLAS, MURIEL M 637 EXECUTIVE CENTER DRIVE, N-105 WEST PALM BEACH FL 33401	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *Renford W Douglas*

2. 26-1998-621-471-2842

CR2E034 (10/97)