

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

FILED
May 12, 1999 8:00 am
Secretary of State

05-12-1999 90001 039 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000055850

1. Corporation Name
LEAR FRAZIER AND ASSOCIATES, INC.

Principal Place of Business
 C/O DAVID C. SELF, II
 400 AUSTRALIAN AVE. SUITE 700
 WEST PALM BEACH FL 33401

Mailing Address
 C/O DAVID C. SELF, II
 400 AUSTRALIAN AVE. SUITE 700
 WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/23/1998

4. FEI Number
65-0845824 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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 7344 NW 5TH STREET
 Suite, Apt. #, etc.

22 City & State
23 FORT LAUDERDALE FL

24 Zip **33317** 25 Country

2a. Mailing Address
26 Suite, Apt. #, etc.

27 City & State

28 Zip **30** Country

9. Name and Address of Current Registered Agent
SELF, DAVID C II
400 S AUSTRALIAN AVE, SUITE 700
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name **DAVID C. SELF, II**

82 Street Address (P.O. Box Number is Not Acceptable)
324 DATURA STREET, SUITE 210

83

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZIER, RONALD E	1.2 NAME	
STREET ADDRESS	2125 BISCAYNE BLVD, SUITE 300	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELF, DAVID C	2.2 NAME	324 DATURA STREET, SUITE 210
STREET ADDRESS	4005 SHELLEY RD N	2.3 STREET ADDRESS	WEST PALM BEACH, FL 33401
CITY-ST-ZIP	WEST PALM BEACH FL 33407	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASHEEN, JOE	3.2 NAME	
STREET ADDRESS	7344 NW 5TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33317	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, GORDON	4.2 NAME	
STREET ADDRESS	7344 NW 5TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33317	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 on an attachment with an address, with all other like empowered.

SIGNATURE: *David C. Self II* Date: 5/13/99 Daytime Phone #: 561 832-7080

CR2E034 (11/98)