

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

FILED

May 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V66392 (4)

1. Corporation Name

FLORIDA GOVERNMENT RELATIONS, INC.

Principal Place of Business

ONE CLEARLAKE CENTRE
SUITE 500, 250 AUSTRALIAN AVE. SOUTH
WEST PALM BEACH FL 33401
US

Mailing Address

3600 NORTH FEDERAL HWY
2ND FLOOR
FT LAUDERDALE FL 33308-6225
US

3. Date Incorporated or Qualified
09/24/1992

3a. Date of Last Report
08/13/1996

4. FEI Number

65-0361130

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

HAYES, TOM
3081 COMMERCIAL BOULEVARD
SUITE 103
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name Hayes, Tom
82 Street Address (P.O. Box Number is Not Acceptable)
3600 North Federal Highway
83 2nd Floor
84 Ft Lauderdale, FL 85 Zip Code 33308

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

Tom Hayes

(NOTE: Registered Agent signature required when reinstating)

DATE

5/9/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	HAYES, TOM	3680 N FEDERAL HWY	FT LAUDERDALE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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:

THOMAS A. HAYES 5/2/97 954/390-7949

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date Daytime Phone #

CR2E034 (9/96)