

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90043 004 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # 129560**  
 1. Corporation Name  
**FIDELIS CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: NATIONS BANK TOWER, SUITE 2370, 100 SE 2 ST, MIAMI FL 33131-2145, US  
 Mailing Address: NATIONS BANK TOWER SUITE 2370, 100 SE 2 ST, MIAMI FL 33131-2145, US

3. Date Incorporated or Qualified: 10/08/1934  
 4. FEI Number: 59-0241300 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. Paid in Feb '99:  Yes  No

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country  
 2a. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

9. Name and Address of Current Registered Agent: RICKARD, BARBARA A, NATIONS BANK TOWER SUITE 2370, 100 SE 2 STREET, MIAMI FL 33130

10. Name and Address of New Registered Agent: B1 Name, B2 Street Address (P.O. Box Number is Not Acceptable), B3, B4 City, B5 Zip Code

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

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HEMMINGS, ARUTHUR I	
STREET ADDRESS	2582 S E 7 COURT	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	PTDM	<input type="checkbox"/> DELETE
NAME	RICKARD, BARBARA A	
STREET ADDRESS	100 SE 2 STREET, SUITE 2370	
CITY-ST-ZIP	MIAMI, FLORIDA 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARR, SAMUEL L. JR.	
STREET ADDRESS	10 MARBELLA CT HAMMOCK DUNES	
CITY-ST-ZIP	PALM COAST FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	REICHARDT, F C	
STREET ADDRESS	15 NE 131 ST	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Barbara A. Rickard*

April 28, 1999 (305) 373-1386

CR2E034 (11/98)