

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris Secretary of State
 DIVISION OF CORPORATIONS



FILED
 99 OCT 15 PM 2:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 720678

1. Corporation Name
 NEW COLONY HOUSE, INC.

Principal Place of Business Mailing Address
 500 S BEACH ST OFFICE DAYTONA BEACH FL 32114-5037
 500 S BEACH ST OFFICE DAYTONA BEACH FL 32114-5037



5/4/99 90062028 \$61.25

21	2. Principal Place of Business	2a	Mailing Address	3	Date Incorporated or Qualified
22	Suite, Apt. #, etc.	2b	Suite, Apt. #, etc.	4	FEI Number
23	City & State	27	City & State	5	Certificate of Status Desired <input type="checkbox"/>
24	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
25	Country	29	Country		Applied For <input type="checkbox"/>
30		31			Not Applicable <input type="checkbox"/>

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FISCHER, KATHLEEN T 500 S. BEACH ST. B2 DAYTONA BCH FL 32014	81 Name EIBEN PETER A 82 Street Address (P.O. Box Number is Not Acceptable) 500 S. BEACH ST APT G-1 83 84 City DAYTONA BEACH FL 85 Zip Code 32114

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
 SIGNATURE *[Signature]* PRESIDENT DATE 9/22/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	V. President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALVAREZ, JOSE	1.2 NAME	Christian E. Larsen
STREET ADDRESS	500 S BEACH ST APT B3	1.3 STREET ADDRESS	500 S. Beach St. Apt. A-4
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP	Daytona Beach, FL. 32114
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHELAN, DAN	2.2 NAME	CYRENA W. PERSONS
STREET ADDRESS	500 S BEACH ST APT H2	2.3 STREET ADDRESS	500 S. BEACH ST B-4
CITY-ST-ZIP	DAYTONA BEACH, FL 00000	2.4 CITY-ST-ZIP	DAYTONA BEACH FL 32114
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOMLEY, LILLIAN	3.2 NAME	Amanda Hanks
STREET ADDRESS	500 S BEACH ST APT J2	3.3 STREET ADDRESS	500 S. Beach st A-2
CITY-ST-ZIP	DAYTONA BEACH, FL 00000	3.4 CITY-ST-ZIP	Daytona Beach FL 32114
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONEFREY, DOROTHY	4.2 NAME	Ed Czymenk
STREET ADDRESS	6005 BEACH ST APT 91	4.3 STREET ADDRESS	500 S. Beach st I-4
CITY-ST-ZIP	DAYTONA BCH, FL 00000	4.4 CITY-ST-ZIP	Daytona Beach, FL 32114
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRINZ, FORRO	5.2 NAME	Dan Whelan
STREET ADDRESS	500 S BEACH ST APT C3	5.3 STREET ADDRESS	500 S Beach St Apt H2
CITY-ST-ZIP	DAYTONA BEACH FL	5.4 CITY-ST-ZIP	Daytona Beach, FL 32114
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABOOD, BOBBI	6.2 NAME	Peter Eiben
STREET ADDRESS	500 S BEACH ST	6.3 STREET ADDRESS	500 Beach St. Apt G1
CITY-ST-ZIP	DAYTONA BEACH FL	6.4 CITY-ST-ZIP	Daytona Beach, FL 32114

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with any other like empowered.

SIGNATURE: *[Signature]* DATE 3/23/99 DAYTIME PHONE # KE

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CR2E037 (11/98)