

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

FILED
Feb 01, 1999 8:00am
Secretary of State



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

PROFIT CORPORATION
 ANNUAL REPORT
1999

02-01-1999 90019 036 ****150.00

DOCUMENT # F49274

1. Corporation Name
FOSTER-YOUNG, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 8595 COLLEGE PKWY
 SUITE 9
 FT. MYERS FL 33919
 US

Mailing Address
 15878 GLENEAGLE CT.
 FT. MYERS FL 33908

3. Date Incorporated or Qualified
10/12/1981

4. FEI Number
59-2129881 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 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 Zip Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 Zip Country
 30

9. Name and Address of Current Registered Agent
FOSTER, ROBERT H.
15878 GLENEAGLE CT.
FT. MYERS FL 33908

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code **FL**

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	
TITLE VST	<input type="checkbox"/> DELETE
NAME FOSTER, JEANNE Y.	
STREET ADDRESS 15878 GLENEAGLE CT.	
CITY-ST-ZIP FT. MYERS FL	
TITLE PD	<input type="checkbox"/> DELETE
NAME FOSTER, ROBERT H	
STREET ADDRESS 15878 GLENEAGLE CT.	
CITY-ST-ZIP FT. MYERS FL	
TITLE VST	<input type="checkbox"/> DELETE
NAME FOSTER, ROBERT H	
STREET ADDRESS 15878 GLENEAGLE CT.	
CITY-ST-ZIP FT. MYERS FL	
TITLE VST	<input type="checkbox"/> DELETE
NAME FOSTER, ROBERT H	
STREET ADDRESS 15878 GLENEAGLE CT.	
CITY-ST-ZIP FT. MYERS FL	

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: Robert H. Foster DATE: 1-15-99 441-454-5980
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/1998)