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Mailing Address

2141 DERRINGER CIR W. JACKSONVILLE FL 32225

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J21740 1. Corporation Name

Principal Place of Business 604-8 NEW BERLIN RD

JACKSONVILLE FL 32218

CENTURY 21 - DAMES POINT REALTY, INC.

Principal Place of Business 2a, Mailing Address 5.00 km Not Acceptable Sep-2790132 Not Acceptable Sep-2790132 Se	06/30/1986			
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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. S. Certificate of Status Dasired \$8.75 Addiffere Requested City & State Status Dasired \$5.00 Mary	59-2790132 Not Applicable	26	21	
City & State	5. Certificate of Status Desired See Required Fee Required	,	Suite, Apt. #	
Zip Country Zip Country Zip Country St. This corporation owes the current year Intangible Personal Property Tax Yes 1	**	·	City & State	
9. Name and Address of Current Registered Agent SIECKER, BONNIE L 2141 DERRINGER CIR., W. JACKSONVILLE FL 32225 83 84 City FL 85 Zip Cod 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 reg 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 registic agent, and manufactured the obligations of, Section 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reg 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 registic agent, and manufactured agent and title if applicable. SIGNATURE Signature OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE OFFICERS AND DIRECTORS 13. STREET ADDRESS SIECKER, BONNIE L. 14. CITY-ST-ZP DELETE 15. TITLE OFFICERS AND DIRECTORS 15. STREET ADDRESS 2141 DERRINGER CIR W 15. STREET ADDRESS 2141 DERRINGER CIR W 35. Zip Cod Change Change Change Change Change Change Change TITLE OFFICERS AND DIRECTORS 35. STREET ADDRESS 36. STREET ADDRESS 37. STREET ADDRESS 37. STREET ADDRESS 37. STREET ADDRESS 38. STREET ADDRESS 39. STREET ADDRESS 39. STREET ADDRESS 39. STREET ADDRESS 39. STREET AD	8. This corporation owes the current year Intangible			
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SIECKER, BONNIE L 2141 DERRINGER CIR, W. JACKSONVILLE FL 32225 84	Name and Address of New Registered Agent	9. Name and Address of Current Registered Agent		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 registed agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, byeed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstance) DATE	(P.O. Box Number is Not Acceptable)			
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 registive 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		(SONVILLE FL 32225	JACK:	
orifice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's Doard of directors. Thereby accept the appointment as registered agent and the originature of the policy of the control of the policy of the p	FL 85 Zip Code			
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14. I hereby certify that the information expolled with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is tope and accurate and that my signature shall have the same legal effect as if made under oath; that I an officer or director of the corporation or the receiver of prustee employeered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears	on 119.07(3)(i), Florida Statutes. I further certify that the information all have the same legal effect as if made under oath; that I am an	pertify that the information supplied with this filling does not qualify for the ex on this annual report or supplemental annual report is type and accurate an	14. I hereby co	

14. I hereby certify that the information applied with the indicated on this annual report or supplemental and officer or director of the corporation or the receiver of Block 12 or Block 13 if changed, or on an attachment with all other like empowered. SIGNATURE

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90247 041 ***150.00

DO NOT WRITE IN THIS SPACE