

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

0566443

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # L18203

1. Corporation Name
PASCO LAKES INC.

Principal Place of Business
**9344 OLD PASCO ROAD
SUITE 107
WESLEY CHAPEL FL 33544
US**

Mailing Address
**C/O 6622 SOUTHPPOINT DRIVE S
SUITE 310
JACKSONVILLE FL 32216
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/22/1989

4. FEI Number
59-3085456

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

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9. Name and Address of Current Registered Agent

**FLETCHER, BABELLE L
50 N LAURA ST
STE 3900
JACKSONVILLE FL 32202**

81 Name
Intrastate Registered Agent Corporation

82 Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Avenue

83 Suite 3000

84 City
Miami

85 Zip Code
FL 33131

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 *Leonard A. Delaney, as Vice President*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when registering.)

3/10/99

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	ARCAINI, GIANNI	
STREET ADDRESS	7889 HUNTERS GROVE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32266	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FLETCHER, BABELLE L	
STREET ADDRESS	5020 YACHT CLUB DR	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BELL, TED W	
STREET ADDRESS	12652 LAZY MEADOWS DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Gibbes, William R.	
13 STREET ADDRESS	1428 Indian Woods Drive	
14 CITY-ST-ZIP	Neptune Beach, FL 32266	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Bell, Ted W.	
33 STREET ADDRESS	12563 Dragon Fly Lane, N.	
34 CITY-ST-ZIP	Jacksonville, FL 32225	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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3-11-99

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)