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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N99000000104

1. Corporation Name
Sacramento Brain Trust Incorporated ✓

Principal Place of Business: 6910 NW 2nd Terrace, Boca Raton, FL 33487
Mailing Address: 6910 NW 2nd Terrace, Boca Raton, FL 33487

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-29) fields. 3. Date Incorporated or Qualified: 10/1/98. 4. FEI Number. 5. Certificate of Status Desired: \$8.75 Additional Fee Required. 6. Election Campaign Financing: \$5.00 May Be Added to Fees.

9. Name and Address of Current Registered Agent: William R. Lacy, 6910 NW 2nd Terrace, Boca Raton, FL 33487. 10. Name and Address of New Registered Agent (81-85).

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS: President William R. Lacy, Vice President Dan Lacy III, Secretary Lucille A. Lacy. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

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 617, 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: L. Lacy, Secretary Date: 1/14/99 Daytime Phone #: 561 912 9005

CR2E037 (11/98)