

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000067914 (0)
 1. Corporation Name
19 WHITNEY, INC.



Principal Place of Business 18991 U.S. HIGHWAY 19 NORTH CLEARWATER FL 34624	Mailing Address 18991 U.S. HIGHWAY 19 NORTH P.O. BOX 17860 CLEARWATER FL 34622-0860 US
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DO NOT WRITE IN THIS SPACE

21 19321 US Hwy. 19 North Suite, Apt. #, etc. Suite 604 City & State Clearwater, FL Zip 33764	22 Suite, Apt. #, etc. Suite 604 City & State Clearwater Zip FL	23 P.O. Box 17860 Suite, Apt. #, etc. Clearwater Zip FL	24 33764 Country	25 Country	26 P.O. Box 17860 Suite, Apt. #, etc. Clearwater Zip FL	27 Suite, Apt. #, etc. Clearwater Zip FL	28 33762-0860 Country	29 Country	30 33762-0860 Country
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3. Date Incorporated or Qualified 09/29/1993	
4. FEI Number 59-3205513	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
BARBER, CHARLES F
1550 S HIGHLAND AVENUE
BLDG C
CLEARWATER FL 34616

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 33756

11. Pursuant to the provisions of Sections 607.0102 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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE DP	<input type="checkbox"/> DELETE
NAME STONE, J O	
STREET ADDRESS 18991 U.S. HIGHWAY 19 NORTH	
CITY-ST-ZIP CLEARWATER FL 34624	
TITLE DST	<input type="checkbox"/> DELETE
NAME BARBER, CHARLES F	
STREET ADDRESS 1550 S HIGHLAND AVENUE BLDG C	
CITY-ST-ZIP CLEARWATER FL	
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	19321C US Hwy 19 North, Suite 604
1.4 CITY-ST-ZIP	Clearwater, FL 33764
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33756
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)(j), 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.

SIGNATURE: *[Signature]* **4/28/98** (813) 531-9584

CR2E034 (10/97)