

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

STATE 101

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 APR 23 PM 1:32

STATE OF FLORIDA



4/2/99 90082/012 \$150.00  
DO NOT WRITE IN THIS SPACE

**DOCUMENT # P94000042378**  
1. Corporation Name  
**DIRK, BILL & GARY XI, INC.**

Principal Place of Business 7280 HAWKSNEST BLVD. ORLANDO FL 32835	Mailing Address C/O CHRISTOPHER C. BROCKMAN, ESO PO BOX 633 ORLANDO FL 32802 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 06/07/1994	4. FEI Number 59-3278294	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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**PRENTICE HALL CORPORATION SYSTEM  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent 81 Name <del>DIRK, BILL &amp; GARY XI, INC.</del> <b>DIRK FARROW</b>	82 Street Address (P.O. Box Number is Not Acceptable) <del>7280 HAWKSNEST BLVD</del>	83 City <b>ORLANDO</b>	84 State <b>FL</b>	85 Zip Code <b>32835</b>
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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: *Dirk Farrow* **PRESIDENT** DATE: **3/31/99**

12. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD TAYLOR, ROBERT D 3200 N FEDERAL HWY STE 201 FT. LAUDERDALE FL 33306</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FARROW, DIRK 7280 HAWKSNEST BLVD. ORLANDO FL 32835</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD NOLEN, GARY 239 N. HARBOR DR. REDONDO BEACH FL 90277</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROCKER, WALTER 301 CARRIAGE WAY EATONTON GA 31024</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROCKER, WILLIAM G 408 MAIDEN LANE SPARTA GA 31087</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>PRESIDENT FARROW, DIRK 1913 MARLE LEAF DR WINDERMERE, FL 32786</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Dirk Farrow* **DIRK FARROW** DATE: **3/31/99** DAYTIME PHONE #: **407-649-4240**

CR2E034 (1/1/98)