


FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90087 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000029657

1. Corporation Name
STRICKLAND & MOLHEM, P.A.



Principal Place of Business 101 E. KENNEDY BLVD., SUITE 1100 TAMPA FL 33602 320 W. Kennedy Blvd. Suite 330 Tampa, FL 33606	Mailing Address 101 E. KENNEDY BLVD., SUITE 1100 TAMPA FL 33602 320 W. Kennedy Blvd. Suite 330 Tampa, FL 33606
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip Country	29 Zip Country

3. Date Incorporated or Qualified 04/01/1998	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-3508178		
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 type="checkbox"/> No		

9. Name and Address of Current Registered Agent STRICKLAND, RICHARD A 101 E. KENNEDY BLVD., SUITE 1100 TAMPA FL 33602	10. Name and Address of New Registered Agent 81 Name Richard A. Strickland 82 Street Address (P.O. Box Number is Not Acceptable) 320 W. Kennedy Boulevard, Suite 330 83 84 City Tampa 85 Zip Code FL 33606
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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 *Richard A. Strickland* DATE **4/1/99**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D MOLHEM, DAVID W
STREET ADDRESS	101 E. KENNEDY BLVD., SUITE 1100
CITY-ST-ZIP	TAMPA FL 33602
TITLE	<input type="checkbox"/> DELETE
NAME	D STRICKLAND, RICHARD A
STREET ADDRESS	101 E. KENNEDY BLVD., SUITE 1100
CITY-ST-ZIP	TAMPA FL 33602
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	D. Molhem, David W.
1.3 STREET ADDRESS	320 W. Kennedy Blvd., Suite 330
1.4 CITY-ST-ZIP	Tampa, FL 33606
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D Strickland, Richard A.
2.3 STREET ADDRESS	320 W. Kennedy Blvd, Suite 330
2.4 CITY-ST-ZIP	Tampa, FL 33606
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)(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 to an address, with all other like empowered.

SIGNATURE: *Richard A. Strickland* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99 (813) 251-6868
Date Daytime Phone #

CR2E034 (1/198)