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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90128 022 ***150.00

1042/14

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000077112

1. Corporation Name
CRONK, DUCH & MILLER, INC.

Principal Place of Business 10290-3 PHILIPS HIGHWAY JACKSONVILLE FL 32256	Mailing Address 10290-3 PHILIPS HIGHWAY JACKSONVILLE FL 32256
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 200 WHARFESIDE WAY	2a. Mailing Address 26 200 WHARFESIDE WAY
Suite, Apt. #, etc. 22 Suite 200	Suite, Apt. #, etc. 27 Suite 200
City & State 23 Jacksonville, FL	City & State 28 JACKSONVILLE, FL
Zip 24 32207	Country 25 USA
Country 29 USA	Zip 30 32207

3. Date Incorporated or Qualified 09/04/1998	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-3531626		
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

F&L CORP.
200 LAURA ST.
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	CRONK, JOSEPH S
STREET ADDRESS	10290-3 PHILIPS HIGHWAY
CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	D <input type="checkbox"/> DELETE
NAME	DUCH, CLIFFORD G
STREET ADDRESS	10290-3 PHILIPS HIGHWAY
CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	D <input type="checkbox"/> DELETE
NAME	MILLER, NATHAN E
STREET ADDRESS	10290-3 PHILIPS HIGHWAY
CITY-ST-ZIP	JACKSONVILLE FL 32256
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	V, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	200 WHARFESIDE WAY SUITE 200
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
2.1 TITLE	P, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	200 WHARFESIDE WAY SUITE 200
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
3.1 TITLE	T, S, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	200 WHARFESIDE WAY SUITE 200
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SWAN, C. HAL
4.3 STREET ADDRESS	200 WHARFESIDE WAY SUITE 200
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
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 with an address, with all other like empowered.

SIGNATURE: C. SWAN **REQUIRE** 1/27/99 904 398 5775
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)