

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

0051500

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000074973

1. Corporation Name
278 POST STREET, INC.

Principal Place of Business: **1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE FL 32308**
Mailing Address: **1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE FL 32308**

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

9. Name and Address of Current Registered Agent

TODD, DAVID E
1801 HERMITAGE BLVD., SUITE 600
TALLAHASSEE FL 32308

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	Country

3. Date Incorporated or Qualified

08/27/1998

4. FEI Number

59-3532176

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax

Yes No

10. Name and Address of New Registered Agent



DO NOT WRITE IN THIS SPACE

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-04/16/99--01078--022
*****150.00** **PL** *****150.00**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when changing)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENNETT, DOUGLAS W	
STREET ADDRESS	1801 HERMITAGE BLVD., SUITE 600	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HORTON, JAMES W	
STREET ADDRESS	1801 HERMITAGE BLVD., SUITE 600	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, JEFFREY L	
STREET ADDRESS	1801 HERMITAGE BLVD., SUITE 600	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
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		
11 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Howard J. Edelman	
13 STREET ADDRESS	180 N. LaSalle Street	
14 CITY-ST-ZIP	Chicago, IL 60601	
21 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	James W. Horton	
23 STREET ADDRESS	1801 Hermitage Blvd., Suite 600	
24 CITY-ST-ZIP	Tallahassee, FL 32308	
31 TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Luanne K. Good	
33 STREET ADDRESS	1801 Hermitage Blvd., Suite 600	
34 CITY-ST-ZIP	Tallahassee, FL 32308	
41 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Thomas McCarthy	
43 STREET ADDRESS	180 N. LaSalle Street	
44 CITY-ST-ZIP	Chicago, IL 60601	
51 TITLE	VTAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Roger E. Smith	
53 STREET ADDRESS	180 N. LaSalle Street	
54 CITY-ST-ZIP	Chicago, IL 60601	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(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, on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas W. Bennett, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-99

850-488-4406

CR2E034 (1/98)

Handwritten initials

Handwritten initials