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

PROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
May 06, 1999 8:00 am
Secretary of State
05-06-1999 90227 028 ***150.00

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DOCUMENT # **129561**

1. Corporation Name
FIRST OF FLORIDA CORPORATION

Principal Place of Business	Mailing Address
NATIONSBANK TOWER SUITE 2370 100 SE 2 STREET MIAMI FL 33131-2145 US	NATIONSBANK TOWER SUITE 2370 100 SE 2 STREET MIAMI FL 33131-2145 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/08/1934

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 59-0242625 ☐ Applied For ☐ Not Applicable

5. Certifcate 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. Paid in Feb '99 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RICKARD, BARBARA A
NATIONSBANK TOWER SUITE 2370
100 SE 2 ST
MIAMI FL 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTDM	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RICKARD, B A		1.2 NAME	
STREET ADDRESS	100 SE 2 ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HEMMINGS, ARTHUR I		2.2 NAME	
STREET ADDRESS	2582 SW 7 CT		2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BARR, SAMUEL L JR.		3.2 NAME	
STREET ADDRESS	10 MARBELLA CT HAMMOCK DUNES		3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	REICHRADT, FRANCES C		4.2 NAME	
STREET ADDRESS	15 NE 131ST STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33161		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: B. A. Rickard — April 28, 1999 — (305) 373-1386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Barbara A. Rickard

CR2E034 (11/98)