


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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90049 039 ***150.00

REG-2730a

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 376528

1. Corporation Name
COLONIAL INVESTMENT SERVICES OF FLORIDA, INC.



Principal Place of Business 201 EAST PINE STREET SUITE 100 ORLANDO FL 32801	Mailing Address ONE COMMERCE STREET MONTGOMERY AL 36104
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/02/1971	
21		26		4. FEI Number 59-1511966	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P GENTRY, SAM	1.2 NAME	
STREET ADDRESS	1201 BRICKELL AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP MOORE, SARAH H	2.2 NAME	
STREET ADDRESS	ONE COMMERCE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL 36104	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP BOOZER, YOUNG J III	3.2 NAME	
STREET ADDRESS	ONE COMMERCE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL 36104	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCRARY, WILLIAM A	4.2 NAME	VP Keimer David
STREET ADDRESS	ONE COMMERCE STREET	4.3 STREET ADDRESS	one commerce st
CITY-ST-ZIP	MONTGOMERY AL 36104	4.4 CITY-ST-ZIP	Montgomery AL 36104
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Secretary & Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S OSKLEY, W. FLAKE	5.2 NAME	Oakley, W. Flake, IV.
STREET ADDRESS	ONE COMMERCE STREET	5.3 STREET ADDRESS	one commerce st.
CITY-ST-ZIP	MONTGOMERY AL 36104	5.4 CITY-ST-ZIP	Montgomery AL 36104
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C LOWHER, ROBERT E	6.2 NAME	Lowder Robert E.
STREET ADDRESS	ONE COMMERCE STREET	6.3 STREET ADDRESS	one commerce st.
CITY-ST-ZIP	MONTGOMERY AL 36104	6.4 CITY-ST-ZIP	Montgomery AL 36104

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *[Signature]* **SIGNATURE REQUIRED** *[Signature]* **04-28-99** **(334) 240-5098**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)