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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 386939			
1. Corporation Name EXPEDIENT SERVICES, INC.			
Principal Place of Business 2459 CHENEY HWY TITUSVILLE FL 32780 US		Mailing Address P.O. BOX 5400 TITUSVILLE FL 32783-5400	
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  HUGHES, SHERRY A. 4835 SANTA ROSA AVE TITUSVILLE FL 32780		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	HUGHES, HORACE	1.2 NAME	
STREET ADDRESS	4835 SANTA ROSA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	HUGHES, SHERRY	2.2 NAME	
STREET ADDRESS	4835 SANTA ROSA AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	HUGHES, SANDRA	3.2 NAME	
STREET ADDRESS	1237 EAST LIVINGSTON	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	HUGHES, CARL	4.2 NAME	
STREET ADDRESS	5460 SANDRA DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	HUGHES, GERALD	5.2 NAME	
STREET ADDRESS	4373 LONGBOW DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	5.4 CITY-ST-ZIP	
TITLE	STD	6.1 TITLE	
NAME	HUGHES, JANICE	6.2 NAME	
STREET ADDRESS	5460 SANDRA DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	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: *Janice R. Hughes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JANICE R. HUGHES

4-7-99  
Date

(407)267-3450  
Daytime Phone #

CR2E034(1/198)