


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

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90101 027 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 400636

1. Corporation Name  
MCNEES PROPERTIES, INC.

Principal Place of Business  
P O BOX 361386  
MELBOURNE FL 32936-2521

Mailing Address  
P O BOX 361386  
MELBOURNE FL 32936-2521



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 476 ST GEORGES CT Suite, Apt. #, etc. 22 City & State 23 SATELLITE BCH, FL Zip Country 24 32937 25 U.S.A.		2a. Mailing Address 26 476 ST GEORGES CT Suite, Apt. #, etc. 27 City & State 28 SATELLITE BCH FL Zip Country 29 32937 30 U.S.A.		3. Date Incorporated or Qualified 05/01/1972	
				4. FEI Number 59-1396856	
				Applied For Not Applicable	
				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

MCNEES, EARL D  
1300 LAKE WASHINGTON RD.  
MELBOURNE FL 32935

MCNEES, EARL D  
476 ST GEORGES CT  
SATELLITE BCH  
FL 32937

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEES, EARL D	1.2 NAME	
STREET ADDRESS	1300 LAKE WASHINGTON RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEES, MARY C	2.2 NAME	
STREET ADDRESS	1300 LAKE WASHINGTON RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	
TITLE	MCNEES, EARL D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	476 ST GEORGES CT	3.2 NAME	
STREET ADDRESS	SATELLITE BCH FL 32937	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	MCNEES, MARY C	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	476 ST GEORGES CT	4.2 NAME	
STREET ADDRESS	SATELLITE BCH, FL 32937	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/99 407-773-5497

CR2E034 (11/98)