

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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90045 043 ***158.75

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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 # 451220

1. Corporation Name
LONGWOOD UTILITIES, INC.

Principal Place of Business LEGAL DEPT 9TH FLOOR 2601 S BAYSHORE DR MIAMI FL 33133-2461	Mailing Address LEGAL DEPT 9TH FLOOR 2601 S BAYSHORE DR MIAMI FL 33133-2461
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 04/30/1974	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-1576656	
5. Certificate of Status Desired <input checked="" 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
GOLDMAN, JOEL K
LEGAL DEPT. 9TH FLOOR
2601 S BAYSHORE DR
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	RUTHERFORD, LARRY J
STREET ADDRESS	2601 S BAYSHORE DR
CITY-ST-ZIP	MIAMI FL
TITLE	VAS <input checked="" type="checkbox"/> DELETE
NAME	LANGLEY, MARCIA H
STREET ADDRESS	2601 S. BAYSHORE DRIVE
CITY-ST-ZIP	MIAMI FL
TITLE	VT <input type="checkbox"/> DELETE
NAME	FISCHER, JOHN H
STREET ADDRESS	2601 S. BAYSHORE DRIVE
CITY-ST-ZIP	MIAMI FL
TITLE	VCAS <input type="checkbox"/> DELETE
NAME	COOK, PAULA
STREET ADDRESS	2601 S. BAYSHORE DRIVE
CITY-ST-ZIP	MIAMI FL 33133
TITLE	DV <input type="checkbox"/> DELETE
NAME	JEFFREY, THOMAS W
STREET ADDRESS	2601 S. BAYSHORE DRIVE
CITY-ST-ZIP	MIAMI FL
TITLE	VSD <input type="checkbox"/> DELETE
NAME	GOLDMAN, JOEL K
STREET ADDRESS	2601 S BAYSHORE DR
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Laguardia, John
1.3 STREET ADDRESS	2601 S. Bayshore Drive
1.4 CITY-ST-ZIP	Miami FL 33133
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	V/C/AS/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Cook, Paula
4.3 STREET ADDRESS	2601 S. Bayshore Drive
4.4 CITY-ST-ZIP	Miami FL 33133
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** **4-9-99** **305-859-4000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)