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Mar 16, 1999 8:00 am
Secretary of State

0117944

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

03-16-1999 90028 005 ***150.00

DOCUMENT # 521190

1. Corporation Name
COLLINS, BROWN, CALDWELL, BARKETT, ROSSWAY, GARA VAGLIA & MOORE, CHARTERED



Principal Place of Business
 756 BEACHLAND BOULEVARD
 P O BOX 3686
 VERO BEACH FL 32964

Mailing Address
 756 BEACHLAND BOULEVARD
 P O BOX 3686
 VERO BEACH FL 32964

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	12/29/1976	
4. FEI Number	59-1795861	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

COLLINS JR., GEORGE G.
 756 BEACHLAND BOULEVARD
 VERO BEACH FL 32963

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

TITLE	PD <input type="checkbox"/> DELETE
NAME	COLLINS, GEORGE G. JR.
STREET ADDRESS	756 BEACHLAND BOULEVARD
CITY-ST-ZIP	VERO BEACH FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	MOORE, JOHN E. III
STREET ADDRESS	756 BEACHLAND BOULEVARD
CITY-ST-ZIP	VERO BEACH FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	BROWN, CALVIN B.
STREET ADDRESS	756 BEACHLAND BOULEVARD
CITY-ST-ZIP	VERO BEACH FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	BARKETT, BRUCE D
STREET ADDRESS	756 BEACHLAND BLVD
CITY-ST-ZIP	VERO BCH FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	ROSSWAY, BRADLEY W
STREET ADDRESS	756 BEACHLAND BOULEVARD
CITY-ST-ZIP	VERO BEACH FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	GARAVAGLIA, MICHAEL J.
STREET ADDRESS	756 BEACHLAND BLVD.
CITY-ST-ZIP	VERO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CALDWELL, WILLIAM W.	
2.3 STREET ADDRESS	756 Beachland Boulevard	
2.4 CITY-ST-ZIP	Vero Beach, FL 32963	
3.1 TITLE	VP/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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	VP/D	<input checked="" 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 on an attachment with an address, with all other like empowered.

SIGNATURE:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99 561-231-4343
 Date Daytime Phone #

CRZE034 (1/98)