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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DE PARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED 99 APR 26 MIII: 20 STOLETARY OF STATE MILITARIASSES, FLORIDA

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SOUTHOLD CORPORATION

Principal Place of Business 390 NORTH ORANGE AVENUE 1100 ORLANDO FL 32801 US	Mailing Address P.O. BOX 4961 ORLANDO FL 32802-4961	
2. Principal Place of Business	2a. Mailing Address	
Suite, Apt. #, etc	26	
22	27	
City & State	City & State	
23	28	
Zip Count 24 [25]	lry Zip [29] [3)	Country
9. Name and Addr	ress of Current Registered Agent	81 Name
BROWN, DAVID C II		81 Name
390 NORTH ORANGE A	VENUE	82 Street A
1100		83

1100 ORLANDO FL 32801

DO NOT	WRITE	IN	THIS	SPACE

3. Date Incorporated or Qualified

07/23/1981

4. FEI Number

59-2155672

Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

\$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution

Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax [] Yes

10. Name and Address of New Registered Agent

rktress (P.O. Box Number is Not Acceptable)

85 Zip Code

Applied For

[INa

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

84

SIGNATURE	Signature, typed or printed name of registerer, agent and the if apply a	hio (NOTE F	e geren d'Ales Estandice regio	rectation in 1985 is DATE
12.	OFFICERS AND DIRECTOR	and the second second second second	[13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	T	[DELETE	11THL6	[] Change
NAME	WALTERS, J. HUXLEY		12 NAEF	
STREET ADDRESS	390 NORTH ORANGE AVENUE, #1100		13 STREET ADDRESS	
CITY-\$1-ZIP	ORLANDO FL		14 CU y - \$1 - Zir'	
TITLE	VP	[] DELFTE	21 TITLE	
NAME	VAN MAAREN, MARCEL E.		2.2 NAME	00000028 574°90 - ¹² °3° -04/29/9901120018
\$TREET ADDRESS	390 NORTH ORANGE AVENUE, #1100		23\$*NEELADORESS	****150.00 ****150.00
CITY-ST-ZIP	ORLANDO FL		2 4 Ci1Y-S1-Zin	
TITLE	PS	[_] DELETE	3.1 THELE	[] Change
NAME	BROWN, C. DAVID II		3.2 NAME	
STREET ADDRESS	390 NORTH ORANGE AVENUE #1100		33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		34 CITY-ST-ZIP	
TITLE		[LDETEIR	4 1 Tille	[Change [Addition
NAME ,			4.2 NAML	
\$TREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP	· 		4.4.00 Y-S1-Z#*	_
TITLE		[] DELETE	5 1 7 m F	[Change
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADORESS	
C/TY-ST-Z/P			54 CITY-\$T-ZIF	
TITLE		[] DELETE	€ † Till€	[] Change
NAME			6.2 NAMI	
STREET ADDRESS			63 STREET ADDRESS	_ / / // / / _

14. Thereby 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 logic effect as if made under oath; that I am an officer or director of the corporation or the receiver or fusing employeed to execute this report as required by Chapter 697. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an architecture with a caddress, with all other like empowered.

SIGNATURE: _

DAVID BROWN TI

Digital Phone