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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712709 (5)

1. Corporation Name
POSTERITY, INC.



Principal Place of Business 820 EAST PARK AVENUE BUILDING E, SUITE 100 TALLAHASSEE FL 32301 US	Mailing Address 820 EAST PARK AVENUE BUILDING E, SUITE 100 TALLAHASSEE FL 32301 US
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3. Date Incorporated or Qualified 05/09/1967		
4. FEI Number 23-7064576	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent

**HAINES, JOHN L
820 EAST PARK AVENUE
BUILDING E, SUITE 100
TALLAHASSEE FL 32301**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *John L Haines* DATE **4/24/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, TED	
STREET ADDRESS	820 E PARK AVE., BLDG. E., STE. 100	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	FISHER, LISA	
STREET ADDRESS	820 E. PARK AVE., BLDG. E, STE. 100	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	POULIN, PAMELA	
STREET ADDRESS	820 E PARK AVE., BLDG. E. STE. 100	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CARROLL, III F	
STREET ADDRESS	820 E PARK AVE., BLDG. E, STE 100	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	POULIN, PAMELA	
1.3 STREET ADDRESS	820 E. Park Ave., Bldg. E, Ste. 100	
1.4 CITY-ST-ZIP	Tallahassee, FL 32301	
2.1 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRENCH, SARA	
2.3 STREET ADDRESS	820 E. Park Ave., Bldg. E, Ste. 100	
2.4 CITY-ST-ZIP	Tallahassee, FL 32301	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LOWE, ROCHELLE	
3.3 STREET ADDRESS	820 E. Park Ave., Bldg. E, Ste. 100	
3.4 CITY-ST-ZIP	Tallahassee, FL 32301	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BODINE, ROBERT W.	
4.3 STREET ADDRESS	820 E. Park Ave., Bldg. E, Ste. 100	
4.4 CITY-ST-ZIP	Tallahassee, FL 32301	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Pamela Anne Poulin* **PAMELA ANNE POULIN** **21 April 98**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)