

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

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Jan 27, 1999 8:00am
Secretary of State

01-27-1999 90049 008 ****158.75



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F94776			
1. Corporation Name LAPPIN COMMUNICATIONS - FLORIDA, INC.			
Principal Place of Business 231 BRADLEY PLACE SUITE 201 PALM BEACH FL 33480		Mailing Address 231 BRADLEY PLACE SUITE 201 PALM BEACH FL 33480	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip Country		Zip Country	
24		29	
25		30	
9. Name and Address of Current Registered Agent			
FITZGERALD JAMES F. 231 BRADLEY PL. SUITE 201 PALM BEACH FL 33480			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			
85 Zip Code			
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 _____ DATE _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VS		1.1 TITLE	
NAME FITZGERALD, JAMES F		1.2 NAME	
STREET ADDRESS 231 BRADLEY PL. STE. 201		1.3 STREET ADDRESS	
CITY-ST-ZIP PALM BCH. FL		1.4 CITY-ST-ZIP	
TITLE P		2.1 TITLE	
NAME LAPPIN, W R		2.2 NAME	
STREET ADDRESS 231 BRADLEY PL SUITE 201		2.3 STREET ADDRESS	
CITY-ST-ZIP PALM BEACH FL		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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]* SIGNATURE REQUIRED

1/9/99 (561)655-3469

CR2E034 (11/98)