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

PROFIT
CORPORATION
ANNUAL REPORT
1999

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

FILED
99 MAR 22 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000001063

1. Corporation Name
Catamount Realty, Inc.

Principal Place of Business
3000 Olson Road
Tallahassee, FL 32308

Mailing Address
P.O. Box 13909
Tallahassee, FL 32317-3909

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
3/6/95

4. FEI Number
59-3299521
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [X] No

2. Principal Place of Business
21 1700 Metropolitan Blvd.
Suite, Apt #, etc.
22
City & State
23 Tallahassee, FL
Zip
24 32308
Country
25 USA

2a. Mailing Address
26 P.O. Box 13746
Suite, Apt #, etc.
27
City & State
28 Tallahassee, FL
Zip
29 32317-3746
Country
30 USA

9. Name and Address of Current Registered Agent
CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

10. Name and Address of New Registered Agent
81 Name
Mark E. Kaplan
82 Street Address (P.O. Box Number is Not Acceptable)
106 East College Avenue
83
Suite 1200
84 City
Tallahassee
FL
85 Zip Code
32301

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: [signature] 3-15-99
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required below in 14) DATE

12. OFFICERS AND DIRECTORS

TITLE	PS [ ] DELETE
NAME	Adam Levinson
STREET ADDRESS	3473 Garden View Way
CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change [ ] Add
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[ ] Change [ ] Add
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[ ] Change [ ] Add
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[ ] Change [ ] Add
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] Change [ ] Add
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change [ ] Add
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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****150.00 ****150.00

FCP 3/22/99

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption contained 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 constitute the same legal effect as if made under oath. For each 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] March 15, 1999 (850) 386-2295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number