

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	
DOCUMENT # 960000003916			
1. Corporation Name MODERN CONTINENTAL SOUTH, INC			
Principal Place of Business 1200 WOODRUFF ROAD, STE C-34 GREENVILLE, SC 29607		Mailing Address 1200 WOODRUFF ROAD, STE C-34 GREENVILLE, SC 29607	

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1200 WOODRUFF ROAD Suite, Apt. #, etc. 22 SUITE C-34 City & State 23 GREENVILLE, SC Zip Country 24 29607 25 USA		2a. Mailing Address 26 1200 WOODRUFF ROAD Suite, Apt. #, etc. 27 SUITE C-34 City & State 28 GREENVILLE, SC Zip Country 29 29607 30 USA		3. Date Incorporated or Qualified 12/09/1996	
				4. FEI Number 57-1058766	
				5. Certificate of Status Desired <input checked="" 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 C T CORPORATION 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PRESIDENT <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME WHITE, DONALD D				1.2 NAME			
STREET ADDRESS 1200 WOODRUFF RD, STE C-34				1.3 STREET ADDRESS			
CITY - ST - ZIP GREENVILLE, SC 29607				1.4 CITY - ST - ZIP			
TITLE VP & SECRETARY <input checked="" type="checkbox"/> DELETE				2.1 TITLE SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME TAYLOR, WILLIAM				2.2 NAME ROBERT C SISSON			
STREET ADDRESS 1200 WOODRUFF RD, STE C-34				2.3 STREET ADDRESS 1200 WOODRUFF RD, STE C-34			
CITY - ST - ZIP GREENVILLE, SC 29607				2.4 CITY - ST - ZIP GREENVILLE, SC 29607			
TITLE TREASURER <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME BIRD, WILLIAM CARL				3.2 NAME			
STREET ADDRESS 1200 WOODRUFF RD, STE C-34				3.3 STREET ADDRESS			
CITY - ST - ZIP GREENVILLE, SC 29607				3.4 CITY - ST - ZIP			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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(9)(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: William Carl Bird **WILLIAM CARL BIRD--TREASURER** 3/12/99 864 297-5537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #