


**\$158.75**  
**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**  
02-24-1999 90171 044 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H59332**  
1. Corporation Name  
~~BEHAVEN-BRETT EQUITIES, INC.~~  
**DEHAVEN-BRETT Design + Development, INC**

Principal Place of Business 220 ISLE DR <del>ALLIGATOR PT</del> ST PETERSBURG FL 33706 US	Mailing Address 1509 FERNANDO DR ALLIGATOR PT TALLAHASSEE FL 32303 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 <b>note deletion of "Alligator Pt."</b> 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 <b>220 ISLE DR.</b> 27 Suite, Apt. #, etc. 28 <b>ST PETERSBURG FL</b> 29 Zip 30 <b>US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/30/1985</b>	
4. FEI Number <b>59-2536349</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> 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  
**DEHAVEN, JAMES A.**  
**1509 FERNANDO DR**  
**TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) <b>220 ISLE DRIVE</b>
83 <b>ST PETERSBURG FL 33706</b>
84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	DEHAVEN, JAMES A.	
STREET ADDRESS	220 ISLE DR	
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33706	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BRETT, JUDITH E.	
STREET ADDRESS	220 ISLE DR	
CITY-ST-ZIP	ST PETERSBURG BEACH FL 33706	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
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 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: **James A. Dehaven** **SIGNATURE REQUIRED** **2/2/99** **727-360-2683**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0050621

CR2E034 (11/98)