ARCONI DUE ON OR BEFORE 83/1488. FOR HE DISSOCIED, MINIMON ANICONI DUE 10 NEINOTALE. FIRE

Mailing Address

903-B BEAL PKWY.

FT. WALTON BEACH FL 32547

PROFIT CORPORATION ANNUAL REPORT 1999

Principal Place of Business

FT. WALTON BEACH FL 32547

903-B BEAL PKWY.

TITLE

CITY-ST-ZIP

14. I hereby certify that the indicated on this any an officer or director in Block 12 or Block

SIGNATUR



FLORIDA DEPARTMENT OF STATE

FILED

Jul 13, 1999 8:00 am

Secretary of State

07-13-1999 90008 023 ***550.00

L Change

Addition

DO NOT WRITE IN THIS SPACE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H84330

STEWART TITLE OF NORTHWEST FLORIDA, INC.

3. Date Incorporated or Qualified 11/04/1985 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable 26 59-1979567 21 Suite, Apt. #, etc. \$8,75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country Zip 8. This corporation owes the current year Intangible Personal Property. 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HICKMAN, HAROLD Street Address (P.O. Box Number is Not Acceptable) 82 3401 W. CYPRESS ST. #202 **TAMPA FL 33607** 84 85 Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable CR2E034 (5/99) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE 1.1 TITLE Change Addition DELETE BAILEY, RICHARD A. 1.2 NAME NAME 1110 MONTLIMAR DR #620 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MOBILE AL 36609 1.4 CITY-ST-ZIP 2.1 TITLE TITLE DELETE ___ Change ___ Addition HICKMAN, HAROLD 2.2 NAME NAME 3401 W. CYPRESS ST. #202 2.3 STREET ADDRESS STREET ADDRESS TAMPA FL 36607 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE ___ Addition TITLE Change DELETE DARRISON, DONNA 3.2 NAME NAME 903B BEAL PKWY 3.3 STREET ADDRESS STREET ADDRESS FT. WALTON BEACH FL 3.4 CITY-ST-ZiP CITY-ST-ZIP TITLE DELETE 4.1 TITLE ___ Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 5.1 TITLE Change Addition DELETE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

police with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information plemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I amport the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

__ DELETE

On an attachment with an address.