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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J33747 1. Corporation Name

ST. ANDREWS-NORTH, INC.

Principal Place	e of Business	Mailing Address				T SOURCE BLOOM SHALL HEADY BEAUTIFUL TO BE			B) 1181) 180)
6765 N WICKHAM RD		6765 N WICKHAM RD	6765 N WICKHAM RD						
STE C 106		STE C 106		DO NOT WEE	E IN THIS SDA	ACE.			
MELBOURNE FL 32940			MELBOURNE FL 32940		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
US		US				09/18/1986		4 T	.
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		T App	lied For
— `	lace of Busiless	26				13-3373865		<u> </u>	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					_ \$	8.75 A	dditional
22	.,	27				5. Certifcate of Status Desired		Fee Rec	quired
City & State	e	City & State				6. Election Campaign Financing		\$5.00 N	May Be
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Cou	untry		8. This corporation owes the curre	ent year Intangi	p¥é .	
24	25	29	30			Personal Property Tax.			□No
	9. Name and Address of Curr	ent Registered Agent		104	N 1	10. Name and Address of New R	egistered Age	nt	
COL	DEN TRIANGLE REALTY INC			81	Name				• •
				82	Street Ac	dress (P.O. Box Number is Not Accepta	ble)		
6765 NORTH WICKHAM ROAD Suite #C-106				02					
	BOURNE FL 32940			83					
MEC	DOURINE 1 E 32340			84	City		FL ⁸	5 Zip C	ode
				$\perp \perp$		prporation submits this statement for the		nging its r	registered
11. Pursuant	to the provisions of Sections 607.03	502 and 607.1508, Florida Stai	iutes, the a	ibove		orporation submits this statement for the	purpose of cital	ent as red	cgistored
office or r	egistered agent, or both, in the Stat	te of Florida. Such change was	authorized	d by t	the corpora	ation's board of directors. I hereby accer	it the appointme	J, 45 709	istered
office or r agent. I a	egistered agent, or both, in the Star im familiar with, and accept the obli	te of Florida. Such change was	authorized	d by t	the corpora	ation's board of directors. I hereby accep	it the appointme	J 45 759	istered
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ED NAME OF SIGNING OFFICER OR DIRECTOR

Date

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90045 042 ***150.00