


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

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90018 032 ***150.00

05693430

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																											
DOCUMENT # J98367 1. Corporation Name CIBANA 50, INC.																																													
Principal Place of Business % ZOM PROPERTIES, INC. 1950 SUMMIT PARK DR ORLANDO FL 32810 US		Mailing Address 1950 SUMMIT PARK DRIVE SUITE 300 ORLANDO FL 32810 US																																											
2. Principal Place of Business 21		2a. Mailing Address 26																																											
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27																																											
City & State 23		City & State 28																																											
Zip 24		Zip 29																																											
Country 25		Country 30																																											
9. Name and Address of Current Registered Agent BACKER, ANKE 1950 SUMMIT PARK DRIVE SUITE 300 ORLANDO FL 32810																																													
10. Name and Address of New Registered Agent 81 Name ZOM PROPERTIES, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 83 Same 84 City 85 Zip Code FL																																													
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 <i>Samuel C. Stephens, JR</i> President 1/26/99 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when registered agent is changed.)</small>																																													
12. OFFICERS AND DIRECTORS <table border="1"><thead><tr><th>TITLE</th><th>NAME</th><th>STREET ADDRESS</th><th>CITY-ST-ZIP</th><th>DELETE</th></tr></thead><tbody><tr><td>D</td><td>DEKKER, PETER</td><td>POSTBUS 19720, 1000 CS</td><td>AMSTERDAM NE</td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/></td></tr></tbody></table>				TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	D	DEKKER, PETER	POSTBUS 19720, 1000 CS	AMSTERDAM NE	<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>							
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE																																									
D	DEKKER, PETER	POSTBUS 19720, 1000 CS	AMSTERDAM NE	<input type="checkbox"/>																																									
				<input type="checkbox"/>																																									
				<input type="checkbox"/>																																									
				<input type="checkbox"/>																																									
				<input type="checkbox"/>																																									
				<input type="checkbox"/>																																									
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"><thead><tr><th>TITLE</th><th>NAME</th><th>STREET ADDRESS</th><th>CITY-ST-ZIP</th><th>Change</th><th>Addition</th></tr></thead><tbody><tr><td>1.1</td><td>1.2</td><td>1.3</td><td>1.4</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>2.1</td><td>2.2</td><td>2.3</td><td>2.4</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>3.1</td><td>3.2</td><td>3.3</td><td>3.4</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>4.1</td><td>4.2</td><td>4.3</td><td>4.4</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>5.1</td><td>5.2</td><td>5.3</td><td>5.4</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>6.1</td><td>6.2</td><td>6.3</td><td>6.4</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>				TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition	1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>	2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>	3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>	4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>	5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>	6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition																																								
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>																																								
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>																																								
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>																																								
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>																																								
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>																																								
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>																																								

SIGNATURE:

SIGNATURE REQUIRED

02/20/1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)