

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90186 007 \*\*\*150.00

0032441

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # K09407**

1. Corporation Name  
**EVERGREEN EQUITIES GROUP, INC.**

Principal Place of Business C/O MICHAEL J. LUCAS, JR. 118 W ADAMS ST - 10TH FLOOR JACKSONVILLE FL 32202 US	Mailing Address C/O MICHAEL J. LUCAS, JR. 118 W ADAMS ST - 10TH FLOOR JACKSONVILLE FL 32202 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>90 Christine Leto</i>	2a. Mailing Address 26 <i>90 Christine Leto</i>
Suite, Apt. #, etc. 22 <i>One Independent Dr #210</i>	Suite, Apt. #, etc. 27 <i>One Independent Dr #210</i>
City & State 23 <i>Jacksonville Florida</i>	City & State 28 <i>Jacksonville, Florida</i>
Zip 24 <i>32202</i>	Zip 29 <i>32202</i>
Country 25 <i>US</i>	Country 30 <i>US</i>

3. Date Incorporated or Qualified <b>12/24/1987</b>	Applied For Not Applicable
4. FEI Number <b>59-2363847</b>	
5. Certificate of Status Desired <input 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 <b>SCHULTZ, JOHN R</b> <b>118 W ADAMS STREET</b> <b>3RD FLOOR</b> <b>JACKSONVILLE FL 32202</b>
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10. Name and Address of New Registered Agent 81 Name <i>J. Frank Surface, III</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>One Independent Drive, STE 2210</i> 83 84 City <i>Jacksonville</i> 85 Zip Code <i>FL 32202</i>
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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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **2/8/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	<i>505 Larrastre street, #10-C</i>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<i>Jacksonville, Florida 32204</i>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	<i>P.O. Box 1200</i>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<i>Jacksonville, Florida 32202</i>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	<i>P.O. Box 1200</i>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<i>Jacksonville, Florida 32201</i>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	<i>100 N. Laura</i>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<i>Jacksonville, Florida 32202</i>
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(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: *[Signature]* DATE **2/24/99** DAYTIME PHONE # **904.391.5550**

CR2E034 (11/98)