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Secretary of State

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # K28140</b>					
1. Corporation Name <b>FUGLEBERG KOCH DEVELOPMENT COMPANY</b>					
Principal Place of Business <b>% LYLE P. FUGLEBERG 2555 TEMPLE TRAIL WINTER PARK FL 32789</b>			Mailing Address <b>% LYLE P. FUGLEBERG 2555 TEMPLE TRAIL WINTER PARK FL 32789</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country 24. 25.			2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country 29. 30.		
9. Name and Address of Current Registered Agent <b>FUGLEBERG, LYLE P. 2555 TEMPLE TRAIL WINTER PARK FL 32789</b>			10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. ST FUGLEBERG, LYLE P. 2555 TEMPLE TRAIL WINTER PARK FL 2. KOCH, ROBERT A. 2555 TEMPLE TRAIL WINTER PARK FL 3. 4. 5. 6. 7. 8.					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					

SIGNATURE:

*Lyle P. Fugleberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99  
Date

(407)629-0595  
Daytime Phone #

CR2E034 (11/98)

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