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Secretary of State

06-22-1999 90005 004 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L35259 1. Corporation Name FLAGSHIP PROPERTIES, INC.					
Principal Place of Business 6314 COACH HOUSE CT TALLAHASSEE FL 32312 US			Mailing Address 6314 COACH HOUSE CT TALLAHASSEE FL 32312 US		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country			3. Date Incorporated or Qualified 12/06/1989 4. FEI Number 65-0169708 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country			9. Name and Address of Current Registered Agent MOONEY, MARGARET 6314 COACH HOUSE CT TALLAHASSEE FL 32312		
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 revalidating) DATE					
12. OFFICERS AND DIRECTORS TITLE P <input type="checkbox"/> DELETE NAME MOONEY, MARGARET STREET ADDRESS 6314 COACH HOUSE CT CITY-ST-ZIP TALLAHASSEE FL 32312 TITLE VP <input type="checkbox"/> DELETE NAME MOONEY, NEIL B STREET ADDRESS 6314 COACH HOUSE CT CITY-ST-ZIP TALLAHASSEE FL 32312 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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: Margaret Mooney, V.P. 4/30/99 850 853 8250
 SIGNATURE AND ADDRESS OF PRINTING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)