

PROFIT CORPORATION - ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L35644 (8)			
1. Corporation Name RADIANT INDUSTRIES, INC.			
Principal Place of Business 4032 LIBERTY STREET JACKSONVILLE FL 32206		Mailing Address 4032 LIBERTY STREET JACKSONVILLE FL 32206	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country	
29. Name and Address of Current Registered Agent MARSHALL, BYRD F JR 801 E PINE STREET SUITE 1200 ORLANDO FL 32801		30. Name and Address of New Registered Agent	
31. Name		32. Street Address (P.O. Box Number is Not Acceptable)	
33. City		34. Zip Code	
35. Pursuant to the provisions of sections 607.0502 and 607.1506, 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 arrest the obligations of, section 607.1505, Florida Statutes.			
SIGNATURE _____ DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PCBO	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PRICE, WILLIAM A.	1.1 TITLE	P, CEO, SVP, T, S, D
STREET ADDRESS	5131 RECKER HIGHWAY	1.2 NAME	PRICE, WILLIAM A.
CITY-STATE-ZIP	WINTER HAVEN, FL 33880	1.3 STREET ADDRESS	4032 LIBERTY STREET
		1.4 CITY-STATE-ZIP	JACKSONVILLE, FL 32206
TITLE	SVP	2.1 TITLE	D
NAME	TERRY, J. GORDON	2.2 NAME	SCHLACHET, LOREN
STREET ADDRESS	4032 LIBERTY STREET	2.3 STREET ADDRESS	4032 LIBERTY STREET
CITY-STATE-ZIP	JACKSONVILLE FL 32206	2.4 CITY-STATE-ZIP	JACKSONVILLE, FL 32206
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	D	4.1 TITLE	
NAME	BOURY, MISSAN	4.2 NAME	
STREET ADDRESS	500 MADISON AVENUE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW YORK NY 10022	4.4 CITY-STATE-ZIP	
TITLE	SD	5.1 TITLE	
NAME	MULLEN, JOHN E III	5.2 NAME	
STREET ADDRESS	1662 ASYLUM AVENUE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	WEST HARTFORD CT 06117	5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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.			
SIGNATURE: <u>William A. Price, President</u> 3/ /99 904-353-3938			