

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L56512

1. Corporation Name
NORTHCORP CENTER, INC.

Principal Place of Business
3910 RCA BLVD
SUITE 1011
PALM BEACH GARDENS FL 33410
US

Mailing Address
3910 RCA BLVD
SUITE 1011
PALM BEACH GARDENS FL 33410
US

2. Principal Place of Business

21 Suite, Apt #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address

26 Suite, Apt #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent

BILLS, JOHN C.
3910 RCA BLVD
SUITE 1011
PALM BEACH GARDENS FL 33410

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 of agent

(NOTE: Registered Agent Signature must be typed or printed)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PVS	[] DELETE
NAME	BILLS, JOHN C.	
STREET ADDRESS	3910 RCA BLVD., SUITE 1011	
CITY-STATE-ZIP	PALM BCH GDNS FL	
TITLE	TD	[] DELETE
NAME	BILLS, JOHN C.	
STREET ADDRESS	3910 RCA BLVD., SUITE 1011	
CITY-STATE-ZIP	PALM BCH GDNS FL	
TITLE	VP	[] DELETE
NAME	GRIFFIN, JAMES E	
STREET ADDRESS	3910 RCA BLVD, SUITE 1011	
CITY-STATE-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

600002874506-1111-001
-05/13/99-01111-001
****\$38.75 ****\$150.00

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99 561 627-9000
Date Filed #

FILED

MAY -4 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1990

4. FEI Number

65-0190143

Applied For
Not Applicable

5. Certificate of Status Desired []

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution []

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax [] Yes [] No

10. Name and Address of New Registered Agent

CR2E034 (11/98)