


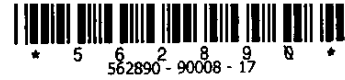
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Apr 19, 1999 8:00 am
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04651
 1. Corporation Name
LOCH LOMOND ESTATES, INC.

Principal Place of Business 500 NEW YORK AVENUE DUNEDIN FL 34698	Mailing Address 500 NEW YORK AVENUE DUNEDIN FL 34698
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2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 08/09/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2624349
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

9. Name and Address of Current Registered Agent PORAMBO, SUE 500 NEW YORK AVE, UNIT 1 DUNEDIN FL 34698	10. Name and Address of New Registered Agent 81 Name Douglas Fryar 82 Street Address (P.O. Box Number is Not Acceptable) 500 New York Ave # 16 83 84 City Dunedin FL 85 Zip Code 34698
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Douglas Fryar* DATE: **2/11/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARRIS, LARRY		1.2 NAME Frank Pungi	
STREET ADDRESS 500 NEW YORK AVE, UNIT 30		1.3 STREET ADDRESS 500 New York Ave. # 11	
CITY-ST-ZIP DUNEDIN FL 34698		1.4 CITY-ST-ZIP Dunedin, FL 34698	
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRITTAN, RUTH		2.2 NAME	
STREET ADDRESS 142 JARRET PL		2.3 STREET ADDRESS	
CITY-ST-ZIP DUNNVILLE ON N1ASN		2.4 CITY-ST-ZIP	
TITLE VP - D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOWNSEND, GEORGE		3.2 NAME	
STREET ADDRESS 1504-757 VICTORIA PARK AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP TORONTO ON M4C5N		3.4 CITY-ST-ZIP	
TITLE DT	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PORAMBO, SUE		4.2 NAME	
STREET ADDRESS 500 NEW YORK AVE UNIT 1		4.3 STREET ADDRESS	
CITY-ST-ZIP DUNEDIN FL 34698		4.4 CITY-ST-ZIP	
TITLE DS	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCDONOUGH, FAITH		5.2 NAME	
STREET ADDRESS 500 NEW YORK AVE, UNIT 3		5.3 STREET ADDRESS	
CITY-ST-ZIP DUNEDIN FL 34698		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SULLIVAN, DIANE		6.2 NAME	
STREET ADDRESS 500 NEW YORK AVENUE UNIT 35		6.3 STREET ADDRESS	
CITY-ST-ZIP DUNEDIN FL 34698		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 617, 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: *Ruth Brittan* DATE: **4/9/99** DAYTIME PHONE #: **727-733-3885**

CR2E037 (11/98)