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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N35003					
1. Corporation Name FACVPR, INC.					
Principal Place of Business FACVPR PO BOX 10175 TAMPA FL 33679-175 US			Mailing Address FACVPR PO BOX 10175 TAMPA FL 33679-175 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/31/1989 4. FEI Number 59-2980717 Applied For Not Applicable 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 WINSLOW, ANDREW G. 2829 W. DE LEON ST. TAMPA FL 33609			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1701 RICKENBACKER DRIVE #B 83 SUNCITY RETAIS 84 City Sun City Center FL 85 Zip Code 33573		
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 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 ANDREW G WINSLOW Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 11FEB99					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD NAME TIPTON, JOEL STREET ADDRESS 2835 N. OCEAN BLVD. CITY-ST-ZIP FT. LAUDERDALE FL <input checked="" type="checkbox"/> DELETE			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE TD NAME WINSLOW, ANDREW G. STREET ADDRESS 2829 W. DE LEON CITY-ST-ZIP TAMPA FL <input type="checkbox"/> DELETE			2.1 TITLE PD 2.2 NAME 2.3 STREET ADDRESS 1701 RICKENBACKER #B 2.4 CITY-ST-ZIP Suncity Center FL 33573 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VD NAME ROY, JULLEN STREET ADDRESS 303 N. CLYDE MORRIS BLVD. CITY-ST-ZIP DAYTONA BEACH FL <input type="checkbox"/> DELETE			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SD NAME LOLLY, JANET STREET ADDRESS 1201 JACARANDA BLVD, STE.1223 CITY-ST-ZIP VENICE FL <input checked="" type="checkbox"/> DELETE			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME LEVINE, PAT STREET ADDRESS 11471 SW 105 TERR CITY-ST-ZIP MIAMI FL <input type="checkbox"/> DELETE			5.1 TITLE TD 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)