


FILED
May 03, 1999 8:00 am
Secretary of State

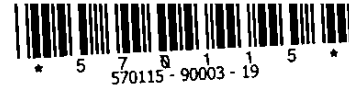
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45471

1. Corporation Name
PALM COAST JAYCEES, INC.

Principal Place of Business P. O. BOX 353811 PALM COAST FL 32135 US	Mailing Address P. O. BOX 353811 PALM COAST FL 32135 US
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21 Principal Place of Business Suite, Apt. #, etc.	2a Mailing Address Suite, Apt. #, etc.	3 Date Incorporated or Qualified 10/03/1991
22 City & State	27 City & State	4 FEI Number 59-2980801
23 Zip	28 Zip	5 Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	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 JAROSZ, LINDA 23 RAE DRIVE PALM COAST FL 32164	10. Name and Address of New Registered Agent 81 Name Robert Bentley 82 Street Address (P.O. Box Number is Not Acceptable) 1309 Wicklow Lane 83 84 City Ormond Beach FL 85 Zip Code 32174
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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 Robert Bentley DATE 7/28/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE PD	DONAHUE, DONALD J. 17 EVAN MILLS LANE PALM COAST FL 32137	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President	
TITLE <input type="checkbox"/> DELETE VD	HEIN-MATHEN, THEA 2 AIRPORT RD BUNNELL FL 32110	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vice-President	
TITLE <input type="checkbox"/> DELETE VD	VINNICK, BRUCE 7 FISHERMAN'S CR #5 ORMOND BEACH FL 32174	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vice-President	
TITLE <input type="checkbox"/> DELETE TD	JAROSZ, LINDA 23 RAE DR PALM COAST FL 32164	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Treasurer	
TITLE <input type="checkbox"/> DELETE VD	BRAMMER, CARA 5 BILWELL PLACE PALM COAST FL 32137	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vice-President	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Secretary	

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 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: Cara Brammer DATE 4-27-99 Daytime Phone # 904-445-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)