

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 22, 1999 8:00 am
Secretary of State

09-22-1999 90007 022 ****70.00

DOCUMENT # N93000004890

1. Corporation Name

FIFA REGION #4, INC.

Principal Place of Business

Mailing Address

8131 BAYMEADOWS CIR., STE 200
JACKSONVILLE FL 32256

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JACKSONVILLE FL 32256



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/01/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3209970	
City & State		City & State		5. Certificate of Status Desired. <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		24	
25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILBERT, PHILIP H
8131 BAYMEADOWS CIR., STE 200
JACKSONVILLE FL 32256

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 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

Eugene Glenn, MD
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-4-99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Officer - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILMOUR, KAY E	1.2 NAME	JUAN LAMOLDE, MD
STREET ADDRESS	3550 UNIVERSITY BLVD. SOUTH, #302	1.3 STREET ADDRESS	3100 US 1 S Suite 1
CITY-ST-ZIP	JACKSONVILLE FL 32216	1.4 CITY-ST-ZIP	St. Augustine, FL 32086
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	DINICOLA, ROBERTO	2.2 NAME	
STREET ADDRESS	785 W. GRANADA BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	CHASKA, BENJAMIN W	3.2 NAME	
STREET ADDRESS	4500 SAN PABLO ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32204	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	EUGENE, GLENN J., President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. EUGENE, GLENN J.	4.2 NAME	
STREET ADDRESS	1820 BARRS ST., #358	4.3 STREET ADDRESS	1820 Barrs St. # 358
CITY-ST-ZIP	JACKSONVILLE FL 32204	4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	WOODARD, GERALD R	5.2 NAME	
STREET ADDRESS	3512 S ATLANTIC AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH SHORES FL 32127	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	TITONE, CHARLES W	6.2 NAME	
STREET ADDRESS	1050 W GRANADA BLVD., #2	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)