
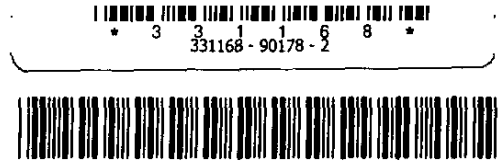


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90178 002 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000000839					
1. Corporation Name BUSINESS DEVELOPMENT CORPORATION OF NORTHEAST FLORIDA, INC.					
Principal Place of Business 9143 PHILLIPS HIGHWAY SUITE 350 JACKSONVILLE FL 32256			Mailing Address 9143 PHILLIPS HIGHWAY SUITE 350 JACKSONVILLE FL 32256		



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		3. Date Incorporated or Qualified 02/15/1994 4. FEI Number 59-3156354 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	
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9. Name and Address of Current Registered Agent FERM, PATRICIA A 9143 PHILLIPS HWY SUITE 350 JACKSONVILLE FL 32256				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE		PD		<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		FERM, PATRICIA A				1.2 NAME					
STREET ADDRESS		9143 PHILLIPS HWY #350				1.3 STREET ADDRESS					
CITY-ST-ZIP		JACKSONVILLE FL 32256				1.4 CITY-ST-ZIP					
TITLE		TD		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		ORIEN, PASS				2.2 NAME					
STREET ADDRESS		1734 KINGSLEY AVE				2.3 STREET ADDRESS					
CITY-ST-ZIP		ORANGE PARK FL				2.4 CITY-ST-ZIP					
TITLE		SD		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		MYERS, VERNON				3.2 NAME					
STREET ADDRESS		350 STATE ROAD 19 NORTH				3.3 STREET ADDRESS					
CITY-ST-ZIP		PALATKA FL				3.4 CITY-ST-ZIP					
TITLE		CD		<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME		WALDRON, HARRY				4.2 NAME		Linda Myers			
STREET ADDRESS		1900 CORP SQ BLVD				4.3 STREET ADDRESS		620-C Highway 19 South			
CITY-ST-ZIP		JACKSONVILLE FL				4.4 CITY-ST-ZIP		Palatka, FL 32177			
TITLE		VD		<input type="checkbox"/> DELETE		5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		HIPPS, ALBERTA				5.2 NAME		CD			
STREET ADDRESS		117 W DUVAL ST, SUITE 425				5.3 STREET ADDRESS					
CITY-ST-ZIP		JACKSONVILLE FL				5.4 CITY-ST-ZIP					
TITLE		AS		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		SPENGLER, RAE				6.2 NAME					
STREET ADDRESS		9143 PHILLIPS HWY SUITE 350				6.3 STREET ADDRESS					
CITY-ST-ZIP		JACKSONVILLE FL				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: *Patricia A. FERM* **SIGNATURE REQUIRED** Patricia A. FERM Date 3/26/99 800-385-7888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/98)