

FILE NOW: FILING FEE IS \$61.25

<p>NONPROFIT CORPORATION ANNUAL REPORT 1999</p> <p>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</p>	
<p>DOCUMENT # N94000005389</p> <p>1. Corporation Name MOUNT OLIVE DEVELOPMENT CORPORATION (MODCO)</p>	
<p>Principal Place of Business 407 NW 9TH AVE STE 1 FT. LAUDERDALE FL 33311 US</p>	<p>Mailing Address 407 NW 9TH AVE STE 1 FT LAUDERDALE FL 33311 US</p>
<p>2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country</p>	<p>2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country</p>
<p>3. Date Incorporated or Qualified 10/31/1994</p>	
<p>4. FEI Number 65-0548855</p>	
<p>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</p>	
<p>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	
<p>8. Name and Address of Current Registered Agent</p> <p>HUDSON, L. JAMES 407 NW 9TH AVE SUITE 1 FT. LAUDERDALE FL 33311</p>	
<p>10. Name and Address of New Registered Agent</p> <p>81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code</p>	
<p>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.</p>	
<p>SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</p>	
<p>OFFICERS AND DIRECTORS</p>	
<p>TITLE <input type="checkbox"/> DELETE NAME HUDSON, L. JAMES STREET ADDRESS 407 NW 9TH AVE, STE 1 CITY-ST-ZIP FT. LAUDERDALE FL 33311</p>	<p>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE <input type="checkbox"/> DELETE NAME WILLIAMS, ARTHUR E STREET ADDRESS 401 NW 9TH AVE, STE 1 CITY-ST-ZIP FT. LAUDERDALE FL 33311</p>	<p>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE <input type="checkbox"/> DELETE NAME CRUMPLER, MARLA STREET ADDRESS 407 NW 9TH AVE, STE 1 CITY-ST-ZIP FT. LAUDERDALE FL 33311</p>	<p>14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE <input type="checkbox"/> DELETE NAME HUNTER, WALTON STREET ADDRESS 407 NW 9TH AVE, STE 1 CITY-ST-ZIP FT. LAUDERDALE FL 33311</p>	<p>15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE <input type="checkbox"/> DELETE NAME CARTER, JERRY STREET ADDRESS 407 NW 9TH AVE, STE 1 CITY-ST-ZIP FT. LAUDERDALE FL 33311</p>	<p>16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE <input type="checkbox"/> DELETE NAME KUMA, RAYMOND STREET ADDRESS 407 NW 9TH AVE, STE 1 CITY-ST-ZIP FT. LAUDERDALE FL 33311</p>	<p>17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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 REQUIRED** _____ (95A) 767 9919
 _____ 2/19/99

CR2E037 (11/98)