


FILE NOW: FILING FEE IS \$61.25

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Jun 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005598 (7)**

1. Corporation Name

DIRECTIONS 21ST CENTURY, INC.



Principal Place of Business 777 SOUTH FLAGLER DRIVE PHILLIPS POINT, SUITE 500 WEST PALM BEACH FL 33401	Mailing Address 777 SOUTH FLAGLER DRIVE PHILLIPS POINT, SUITE 500 WEST PALM BEACH FL 33401-6161
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3. Date Incorporated or Qualified 11/09/1994	3a. Date of Last Report 05/07/1996
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2. Principal Place of Business 21 777 South Flagler Drive Suite, Apt. #, etc. 22 1900 Phillips Point West City & State 23 West Palm Beach, FL Zip 24 33401	2a. Mailing Address c/o T. O'Brien III 26 777 South Flagler Drive Suite, Apt. #, etc. 27 1900 Phillips Point West City & State 28 West Palm Beach, FL Zip 29 33401 Country 30 Palm Beach	4. FEI Number 59-3357934 Applied For <input type="checkbox"/> 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 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STOOPS, JEFFREY A ESQ.
777 SOUTH FLAGLER DRIVE
PHILLIPS POINT, SUITE 500
WEST PALM BEACH FL 33401**

81 Name Thomas G. O'Brien III, Esq.	85 Zip Code 33401
82 Street Address (P.O. Box Number is Not Acceptable) 777 South Flagler Drive	
83 1900 Phillips Point West	
84 City West Palm Beach	FL

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

Thomas G. O'Brien III
Signature, typed or printed name of registered agent and title if applicable.

Thomas G. O'Brien III

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLANIGAN, JOHN F		1.2 NAME Thomas G. O'Brien III	
STREET ADDRESS P.O. BOX 3888 N/A		1.3 STREET ADDRESS 777 South Flagler Drive, Suite 1900 West	
CITY-ST-ZIP WEST PALM BEACH FL 33402		1.4 CITY-ST-ZIP West Palm Beach, FL 33401	
TITLE T	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BJORK, GAIL		2.2 NAME Patricia A. Welch	
STREET ADDRESS 3340 FOREST HILL BLVD, STE. C-320		2.3 STREET ADDRESS 6301 Summit Boulevard	
CITY-ST-ZIP WEST PALM BEACH FL 33406		2.4 CITY-ST-ZIP West Palm Beach, FL 33415	
TITLE T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CATANESE, DR. ANTHONY J		3.2 NAME Dr. Jake Sello	
STREET ADDRESS P.O. BOX 3091 N/A		3.3 STREET ADDRESS 3300 Forest Hill Boulevard, Suite A-242	
CITY-ST-ZIP BOCA RATON FL 33431-0991		3.4 CITY-ST-ZIP West Palm Beach, FL 33406	
TITLE T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHAMBLEE, SANDRA		4.2 NAME Bonnie Weaver	
STREET ADDRESS 1045 TABIT ROAD		4.3 STREET ADDRESS 103 Elwa Place	
CITY-ST-ZIP TALLAHASSEE FL 33430		4.4 CITY-ST-ZIP West Palm Beach, FL 33405	
TITLE T	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CORBETT, JOHN		5.2 NAME John Corbett	
STREET ADDRESS 319 CLEMATIS ST., STE. 213		5.3 STREET ADDRESS 319 Clematis Street, Suite 213	
CITY-ST-ZIP WEST PALM BEACH FL 33401		5.4 CITY-ST-ZIP West Palm Beach, FL 33401	
TITLE T	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELMORE, GEORGE		6.2 NAME	
STREET ADDRESS 6001 LE LAC ROAD		6.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33496		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Thomas G. O'Brien III* **Thomas G. O'Brien III, Chairman** (561) 650-7287

CR2E037 (9/96)