

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 16 1998 8:00am
Secretary of State

0006676

DOCUMENT # N94000005598 (7)

1. Corporation Name

DIRECTIONS 21ST CENTURY, INC.



Principal Place of Business 777 SOUTH FLAGLER DRIVE 1900 PHILLIPS POINT WEST WEST PALM BEACH FL 33401 US		Mailing Address 777 SOUTH FLAGLER DRIVE 1900 PHILLIPS POINT WEST WEST PALM BEACH FL 33401 US		3. Date Incorporated or Qualified 11/09/1994	
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		4. FEI Number 59-3357934 Applied For 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		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent O BRIEN, THOMAS G III 777 SOUTH FLAGLER DRIVE 1900 PHILLIPS POINT WEST WEST PALM BEACH FL 33401			
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		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D O BRIEN, THOMAS G III <input type="checkbox"/> DELETE				
NAME	777 SOUTH FLAGLER DRIVE, SUITE 1900 WEST				
STREET ADDRESS	WEST PALM BEACH FL				
CITY-ST-ZIP					
TITLE	D WELCH, PATRICIA A <input type="checkbox"/> DELETE				
NAME	6301 SUMMIT BOULEVARD				
STREET ADDRESS	WEST PALM BEACH FL				
CITY-ST-ZIP					
TITLE	S SELLO, JAKE D <input type="checkbox"/> DELETE				
NAME	3300 FOREST HILL BOULEVARD, SUITE A-242				
STREET ADDRESS	WEST PALM BEACH FL				
CITY-ST-ZIP					
TITLE	T WEAVER, BONNIE <input type="checkbox"/> DELETE				
NAME	103 ELWA PLACE				
STREET ADDRESS	WEST PALM BEACH FL				
CITY-ST-ZIP					
TITLE	D CORBETT, JOHN <input type="checkbox"/> DELETE				
NAME	319 CLEMATIS STREET, SUITE 213				
STREET ADDRESS	WEST PALM BEACH FL				
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
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.

SIGNATURE:

Thomas G. O'Brien III

7-8-98

561-650-7287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas G. O'Brien III, Director

Date

Daytime Phone #

CR2E037 (5/98)