

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90012 031 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N94000005598

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/09/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3357934	
City & State		City & State		5. Certificate of Status Desired <input 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		Zip			
24		29		30	
Country		Country			
25		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O BRIEN, THOMAS G III
777 SOUTH FLAGLER DRIVE
1900 PHILLIPS POINT WEST
WEST PALM BEACH FL 33401

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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* Thomas G. O'Brien III Jan. 13, 1999
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O BRIEN, THOMAS G III	1.2 NAME	
STREET ADDRESS	777 SOUTH FLAGLER DRIVE, SUITE 1900 WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, PATRICIA A	2.2 NAME	
STREET ADDRESS	6301 SUMMIT BOULEVARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELLO, JAKE D	3.2 NAME	
STREET ADDRESS	3300 FOREST HILL BOULEVARD, SUITE A-242	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, BONNIE	4.2 NAME	
STREET ADDRESS	103 ELWA PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBETT, JOHN	5.2 NAME	
STREET ADDRESS	319 CLEMATIS STREET, SUITE 213	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	777 SOUTH FLAGLER DRIVE, SUITE 1900 WEST	6.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Thomas G. O'Brien III* SIGNATURE REQUIRED

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

January 13, 1999 561-650-7287
Date Daytime Phone #

0040035

0020027 / 11/08/