

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000000168

1. Corporation Name

TOTAL OF FLORIDA HOLDINGS COMPANY, INC.

Principal Place of Business

701 BRICKELL AVE. STE 3000
MIAMI FL 33131-3209

Mailing Address

701 BRICKELL AVE. STE 3000
MIAMI FL 33131-3209

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 8701 S.W. 137th Ave.		26 8701 S.W. 137th Ave.		01/13/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 200		27 Suite 200		65-0718493	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Miami, Florida		28 Miami, Florida		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip			
24 33183		29 33183		30 USA	
Country		Country			
25 USA		29 33183		30 USA	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
STERNSTEIN, GERALD B ESO. 314 NORTH CALHOUN STREET TALLAHASSEE FL 32301				81 Name	
				82 Street Address (P.O. Box Noted) 8701 S.W. 137th Avenue, Suite 200	
				83 City, State, Zip 8701 S.W. 137th Avenue, Suite 200	
				84 City, State, Zip 8701 S.W. 137th Avenue, Suite 200	

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	D RIMMER, KENNETH G	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	701 BRICKELL AVE. STE 3000	1.2 NAME	8701 S.W. 137th Avenue, Suite 200
STREET ADDRESS	MIAMI FL 33131-3209	1.3 STREET ADDRESS	Miami, Florida 33183
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
TITLE	D ARRINGTON, ROBYN J JR	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	701 BRICKELL AVE. STE 3000	2.2 NAME	8701 S.W. 137th Avenue, Suite 200
STREET ADDRESS	MIAMI FL 33131-3209	2.3 STREET ADDRESS	Miami, Florida 33183
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	D NAROWITZ, RANDY	3.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	701 BRICKELL AVE. STE 3000	3.2 NAME	3011 West Grand Blvd., Suite 1600
STREET ADDRESS	MIAMI FL 33131-3209	3.3 STREET ADDRESS	Detroit, MI 48202
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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:

Signature and typed or printed name of signing officer or director

9/22/99

Date

(305) 408-5801

Daytime Phone #

Robyn J. Arrington, Jr., D

CR2E037 (5/99)