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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000001841

1. Corporation Name
DISCOVER HISTORIC HAVANA, INC.

Principal Place of Business	Mailing Address
~~200 FIRST STREET SW~~ 306 N. MAIN ST HAVANA FL 32333	404 LIVE OAK LANE HAVANA FL 32333

2. Principal Place of Business 21 306 N. MAIN ST	2a. Mailing Address 26 404 LIVE OAK LANE	3. Date Incorporated or Qualified 03/27/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-342 1903 ☐ Applied For ☐ Not Applicable
City & State 23 HAVANA FL	City & State 28 HAVANA FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 32333 25	Zip / Country 29 32333 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CUMBIE, NESTA DISCOVER HISTORIC HAVANA, INC. 404 LIVE OAK LANE HAVANA FL 32333	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	CHAIRMAN	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	A. M. LOMBARDO		1.2 NAME	
STREET ADDRESS	312 NW 1ST STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA, FL 32333		1.4 CITY-ST-ZIP	
TITLE D	SECRETARY/TREASURER	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NESTA CUMBIE		2.2 NAME	
STREET ADDRESS	404 LIVE OAK LANE,		2.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL 32333		2.4 CITY-ST-ZIP	
TITLE D	~~SANDI B~~ VICE CHAIR	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SANDI BEARE		3.2 NAME	
STREET ADDRESS	306 N. MAIN ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA, FL 32333		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MOLLY WILSON		4.2 NAME	
STREET ADDRESS	102 S. MAIN ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA, FL 32333		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SHARRON ASHMORE		5.2 NAME	
STREET ADDRESS	109 S. MAIN ST		5.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA, FL 32333		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	NELL CUNNINGHAM		6.2 NAME	
STREET ADDRESS	310 BOSTICK RD.		6.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL 32333		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: NESTA CUMBIE SIGNATURE REQUIRED 4-19-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)