

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90078 041 ***150.00

DOCUMENT # P93000017668

1. Corporation Name

1ST AMERICAN ESTATE PLANNING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2536 COUNTRYSIDE BLVD CLEARWATER FL 34623		Mailing Address 2536 COUNTRYSIDE BLVD CLEARWATER FL 34623	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	33763	25	
29	33763	30	
9. Name and Address of Current Registered Agent			
DOUDNA, HEATHER 2536 COUNTRYSIDE BLVD CLEARWATER FL 34623			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			
85 Zip Code			
FL 33763			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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			
TITLE	DP	<input type="checkbox"/> DELETE	
NAME	NORTH, TIMOTHY		
STREET ADDRESS	2536 COUNTRYSIDE BLVD., SIXTH FLOOR		
CITY-ST-ZIP	CLEARWATER FL 34623		
TITLE	P	<input checked="" type="checkbox"/> DELETE	
NAME	NORTH, TIMOTHY O.	duplicate	
STREET ADDRESS	2536 COUNTRYSIDE BLVD		
CITY-ST-ZIP	CLEARWATER FL		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	PATRICK, WANITA S		
STREET ADDRESS	2536 COUNTRYSIDE BLVD., 4TH FLOOR		
CITY-ST-ZIP	CLEARWATER FL 34623		
TITLE	T	<input type="checkbox"/> DELETE	
NAME	THORNTON, R MAURY		
STREET ADDRESS	2536 COUNTRYSIDE BLVD., 6TH FLOOR		
CITY-ST-ZIP	CLEARWATER FL 34623		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
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 607, 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: **Timothy O. North Pres** 2/17/99 (727)726-0726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)