


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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90011 039 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																									
DOCUMENT # P94000021939																																																																											
1. Corporation Name VCP-COQUINA CROSSING, INC.																																																																											
Principal Place of Business 3030 HARTLEY RD. SUITE 100 JACKSONVILLE FL 32257		Mailing Address 3030 HARTLEY RD. SUITE 100 JACKSONVILLE FL 32257																																																																									
2. Principal Place of Business 21		2a. Mailing Address 26																																																																									
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27																																																																									
City & State 23		City & State 28																																																																									
Zip 24		Zip 29																																																																									
Country 25		Country 30																																																																									
9. Name and Address of Current Registered Agent FARRELL, MARK T 3030 HARTLEY RD. SUITE 100 JACKSONVILLE FL 32257																																																																											
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 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, 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 <table border="1"><tr><td>TITLE</td><td>DP</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>ROOD, JOHN D</td><td></td></tr><tr><td>STREET ADDRESS</td><td>3030 HARTLEY RD., SUITE 100</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td>JACKSONVILLE FL</td><td></td></tr><tr><td>TITLE</td><td>VST</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>FARRELL, MARK T</td><td></td></tr><tr><td>STREET ADDRESS</td><td>3030 HARTLEY ROAD, SUITE 100</td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td>JACKSONVILLE FL</td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-STATE-ZIP</td><td></td><td></td></tr></table>				TITLE	DP	<input type="checkbox"/> DELETE	NAME	ROOD, JOHN D		STREET ADDRESS	3030 HARTLEY RD., SUITE 100		CITY-STATE-ZIP	JACKSONVILLE FL		TITLE	VST	<input type="checkbox"/> DELETE	NAME	FARRELL, MARK T		STREET ADDRESS	3030 HARTLEY ROAD, SUITE 100		CITY-STATE-ZIP	JACKSONVILLE FL		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-STATE-ZIP														
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"><tr><td>1.1 TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>1.2 NAME</td><td></td><td></td></tr><tr><td>1.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>1.4 CITY-STATE-ZIP</td><td></td><td></td></tr><tr><td>2.1 TITLE</td><td>VS</td><td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>2.2 NAME</td><td>FARRELL, MARK T.</td><td></td></tr><tr><td>2.3 STREET ADDRESS</td><td>3030 HARTLEY ROAD, SUITE 100</td><td></td></tr><tr><td>2.4 CITY-STATE-ZIP</td><td>JACKSONVILLE, FL 32257</td><td></td></tr><tr><td>3.1 TITLE</td><td>VT</td><td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></tr><tr><td>3.2 NAME</td><td>SMITH, BERNARD E.</td><td></td></tr><tr><td>3.3 STREET ADDRESS</td><td>3030 HARTLEY ROAD, SUITE 100</td><td></td></tr><tr><td>3.4 CITY-STATE-ZIP</td><td>JACKSONVILLE, FL 32257</td><td></td></tr><tr><td>4.1 TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>4.2 NAME</td><td></td><td></td></tr><tr><td>4.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>4.4 CITY-STATE-ZIP</td><td></td><td></td></tr><tr><td>5.1 TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>5.2 NAME</td><td></td><td></td></tr><tr><td>5.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>5.4 CITY-STATE-ZIP</td><td></td><td></td></tr><tr><td>6.1 TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>6.2 NAME</td><td></td><td></td></tr><tr><td>6.3 STREET ADDRESS</td><td></td><td></td></tr><tr><td>6.4 CITY-STATE-ZIP</td><td></td><td></td></tr></table>				1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME			1.3 STREET ADDRESS			1.4 CITY-STATE-ZIP			2.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME	FARRELL, MARK T.		2.3 STREET ADDRESS	3030 HARTLEY ROAD, SUITE 100		2.4 CITY-STATE-ZIP	JACKSONVILLE, FL 32257		3.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME	SMITH, BERNARD E.		3.3 STREET ADDRESS	3030 HARTLEY ROAD, SUITE 100		3.4 CITY-STATE-ZIP	JACKSONVILLE, FL 32257		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME			4.3 STREET ADDRESS			4.4 CITY-STATE-ZIP			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME			5.3 STREET ADDRESS			5.4 CITY-STATE-ZIP			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME			6.3 STREET ADDRESS			6.4 CITY-STATE-ZIP		
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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:  **MARK T. FARRELL** 4-23-99 (904)260-3030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)