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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P94000087248

1. Corporation Name
COMMUNITY INVESTMENT CENTERS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 270 S. TAMiami TRAIL VENICE FL 34285	Mailing Address 270 S. TAMiami TRAIL VENICE FL 34285
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3. Date Incorporated or Qualified 11/30/1994	
4. FEI Number 65-0539323	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WHITE, WILLIAM R JR. 915 TAMiami TR S SUITE Z NOKOMIS FL 34275		270 S. Tamiami Trail Venice, FL 34285	
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 607.0802 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 _____ 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	DP- <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, WILLIAM R JR.	1.2 NAME	P
STREET ADDRESS	915-TAMiami-TR-S-SUITE-Z	1.3 STREET ADDRESS	White, William R., Jr.
CITY-ST-ZIP	NOKOMIS-FL	1.4 CITY-ST-ZIP	270 S. Tamiami Trail Venice, FL 34285
TITLE	VDS- <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCK, JAMES S	2.2 NAME	VS
STREET ADDRESS	915-TAMiami-TR-S-SUITE-Z	2.3 STREET ADDRESS	Luck, James S.
CITY-ST-ZIP	NOKOMIS-FL	2.4 CITY-ST-ZIP	270 S. Tamiami Trail Venice, FL 34285
TITLE	VTD- <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPoINTE, THOMAS	3.2 NAME	VT
STREET ADDRESS	915-TAMiami-TRAILS-S-#2	3.3 STREET ADDRESS	LaPointe, Thomas
CITY-ST-ZIP	NOKOMIS-FL 34275	3.4 CITY-ST-ZIP	270 S. Tamiami Trail Venice, FL 34285
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D
STREET ADDRESS		4.3 STREET ADDRESS	Baldinger, Roger L.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	270 S. Tamiami Trail Venice, FL 34285
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D
STREET ADDRESS		5.3 STREET ADDRESS	Kondisko, Joseph R.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	270 S. Tamiami Trail Venice, FL 34285
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D
STREET ADDRESS		6.3 STREET ADDRESS	McKelvey, William G., Jr.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	270 S. Tamiami Trail Venice, FL 34285
			D McKelvey, Jeanne W. 270 S. Tamiami Trail Venice, FL 34285

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 another like empowered.

SIGNATURE: William R. White, Jr. Date: 4/9/99 Daytime Phone #: 941/484-6120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)