


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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90032 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000071754					
1. Corporation Name BOVIS FLORIDA, INC.					
Principal Place of Business 460 E. ALTAMONTE DRIVE, SUITE 3000 ALTAMONTE SPRINGS FL 32701			Mailing Address 460 E. ALTAMONTE DRIVE, SUITE 3000 ALTAMONTE SPRINGS FL 32701		
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		
Country 25			Zip 29		
Country 25			Country 30		
9. Name and Address of Current Registered Agent SHUGHART, JOHN A JR. 604 COURTLAND STREET, SUITE 320 ORLANDO FL 32804-1344			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. 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					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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, on an attachment with an address with all other like empowered.					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

Date

305-373-8006

Day Phone #

CR2E034 (1/98)