


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

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

04-05-1999 90024 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000002115

1. Corporation Name
NEXT CENTURY PARTNERS, INC.



Principal Place of Business 3617 EAST SANDPIPER DRIVE, SUITE 2 BOYNTON BEACH FL 33436	Mailing Address 3617 EAST SANDPIPER DRIVE, SUITE 2 BOYNTON BEACH FL 33436
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1109 MARINE WAY E. Suite, Apt. #, etc. 22 L-1R City & State 23 NORTH PALM BEACH, FL Zip 24 33408 Country 25 USA		2a. Mailing Address 26 1109 MARINE WAY E. Suite, Apt. #, etc. 27 L-1R City & State 28 NORTH PALM BEACH, FL Zip 29 33408 Country 30 USA		3. Date Incorporated or Qualified 01/08/1996	
		4. FEI Number 65-0633154		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 checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent CCALANDRA, MICHAEL 3617 E. SANDPIPER DR. SUITE 2 BOYNTON BEACH FL 33436		10. Name and Address of New Registered Agent 81 Name CALANDRA, MICHAEL 82 Street Address (P.O. Box Number is Not Acceptable) 1109 MARINE WAY E. L-1R 83 84 City NORTH PALM BEACH FL 85 Zip Code 33408	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALANDRA, MICHAEL	1.2 NAME	
STREET ADDRESS	3617 EAST SANDPIPER DRIVE, SUITE 2	1.3 STREET ADDRESS	1109 MARINE WAY E. L-1R
CITY-ST-ZIP	BOYNTON BEACH FL 33436	1.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALANDRA, JOANNE	2.2 NAME	
STREET ADDRESS	3617 EAST SANDPIPER DRIVE, SUITE 2	2.3 STREET ADDRESS	1109 MARINE WAY E. L-1R
CITY-ST-ZIP	BOYNTON BEACH FL 33436	2.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: JOANNE CALANDRA RUSSELL 4/1/99 561-691-1282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)