

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

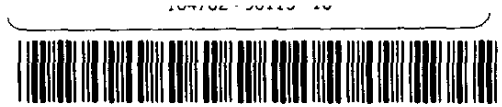
FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90115 010 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000033971
 1. Corporation Name
ROBERT J. WARNER EXECUTIVES INTERNATIONAL, INC.



Principal Place of Business 2100 PINE GARDENS TRAIL SARASOTA FL 34231	Mailing Address 2100 PINE GARDENS TRAIL SARASOTA FL 34231
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4766 WATERMARK LANE Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 34238 25	2a. Mailing Address 26 4766 WATERMARK LANE Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 34238 30
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3. Date Incorporated or Qualified 04/15/1996	4. FEI Number 65-0658630	Applied For <input type="checkbox"/> 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		

9. Name and Address of Current Registered Agent
WARNER, ROBERT J
~~**2100 PINE GARDENS TRAIL**~~
SARASOTA FL 34231

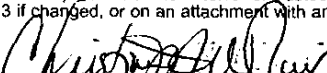
10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
4766 WATERMARK LANE
 83
 84 City
FL 85 Zip Code
34238

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	
TITLE	PS <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARNER, ROBERT J	1.2 NAME	
STREET ADDRESS	2100 PINE GARDENS TRAIL	1.3 STREET ADDRESS	4766 WATERMARK LANE
CITY-ST-ZIP	SARASOTA FL 34231	1.4 CITY-ST-ZIP	34238
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILCOX, CHRISTINE M	2.2 NAME	
STREET ADDRESS	2100 PINE GARDENS TR	2.3 STREET ADDRESS	4766 WATERMARK LANE
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	34238
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:  **CHRISTINE M. WILCOX** 1-8-99 941-924-7848

CR2E034 (11/98)