PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600055295

1. Corporation Name

INTERLACHEN PORTFOLIO MANAGEMENT COMPANY

Principal Place	e of Business	Mai	Mailing Address				A TORKINOU FIR ERAID CLIFF ROUT ONLY ONLY ONLY OLD STATE CENTRAL CENTRAL COLOR OLD COLOR OLD COLOR
250 PARK AVE SOUTH P.O. BOX 1916 SUITE 625 WINTER PARK FL 32790-19			3			DO NOT WRITE IN THIS SPACE	
WINTER PARK FL 32789 US US							3. Date Incorporated or Qualifed
							06/25/1996
2. Principal Place of Business 2a. Mailing Address							4. FEI Number Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.							59-3401153 Not Applicable
22			Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required
City & State	e	27	City & State		_		6. Election Campaign Financing 55.00 May Be
23		28	•				Trust Fund Contribution Added to Fees
Zip	Country		Zip	Count	try		8. This corporation owes the current year Intangible
24	25	29	[30			Personal Property Tax.
	9. Name and Address of Currer	t Registe	ered Agent				10. Name and Address of New Registered Agent
				8	31	Name	
BRADFORD, CARTER A 130 HILLCREST STREET				8	32	Street A	Address (P.O. Box Number is Not Acceptable)
ORLANDO FL 32801					33		
OND	1100 12 02001			["	"		
				Ē	34	City	FL 85 Zip Code
11. Pursuant office or nagent. I as	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 of registered agent, or both, in the State of Florida. Such charge 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 607.0507, Florida Statutes. GNATURE Signature, typed or printed name of registered agent and title if applicable. Who TE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AN		<u> </u>	13,	9		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE .	D		☐ DELETE	1.1 TITL	E	1	☐ Change ☐ Addition
NAME	BODE, C. B			1.2 NAM	E		
STREET ADDRESS	ACC DADIC AVENUE COLUMN CHITE COL			1.3 STR	EET	ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789			1.4 CiTY	-ST	-ZiP	
TITLE	AST		☐ DELETE	2.1 TITLI	E		Change Addition
NAME	BODE, SUSAN B			2.2 NAM	E		
STREET ADDRESS	250 PARK AVENUE SOUTH S	UITE 62	5	2.3 STRI	EET.	ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789			2.4 CIT	Y-S1	T-ZIP	
TITLE			☐ DELETE	3.1 TITU	£		Change Addition
NAME:				3.2 NAM	E		
STREET ADDRESS				3.3 STRI	EET	ADDRESS	,
CITY-ST-ZIP				3.4. CIT	∕- <u>S</u> 1	r-zip	
TITLE			☐ DELETE	4.1 TITL	E		☐ Change ☐ Addition
NAME				4. 2 NAN	Æ		
STREET ADDRESS			_	4.3 STRI	EET.	ADDRESS	
CITY-\$T-ZIP				4.4 CITY		-ZIP	
ΠΠLE →			☐ DELETE	5.1 TITL		j	☐ Change ☐ Addition
NAME				5.2 NAM			
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			5.4 CITY		-ZIP	☐ Change ☐ Addition
TITLE			☐ DELETE	6.1 TTTLI		-	Change Addition
NAME				6.2 NAM		4000000	
STREET ADDRESS				■ 6.3 STR	tti.	ADDRES\$	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZiP

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90052 004 ***150.00