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

0052281

PROFIT CORPORATION ANNUAL REPORT **1999**

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

99 APR -9 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000081154**

1. Corporation Name
CARIBBEAN AVENUE, INC.

Principal Place of Business	Mailing Address
1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE FL 32308	1801 HERMITAGE BLVD SUITE 600 TALLAHASSEE FL 32308 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/01/1996

4. F.E.I. Number
59-3402351 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [X] No

9. Name and Address of Current Registered Agent

TODD, DAVID E
1801 HERMITAGE BLVD
STE 100
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name 900002840269--2
82 Street Address (P.O. Box Number is Not Acceptable) 04/15/99--01077--001
83 ****150.00 ****150.00
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 _____ DATE
Signature, typed or printed name of registered agent and box if applicable (NOTE: Registered Agent signature required above for filing)

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	BENNETT, DOUGLAS W	
STREET ADDRESS	1801 HERMITAGE BLVD., SUITE 600	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	T	[ ] DELETE
NAME	SNEDEKER, PATRICIA	
STREET ADDRESS	3424 PEACHTREE RD NE, SUITE 800	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	P	[ ] DELETE
NAME	DECOSTA, LALER C	
STREET ADDRESS	1150 LAKE HEARN DR NE STE 400	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	[ ] DELETE
NAME	SMITH, JEFFREY L	
STREET ADDRESS	1801 HERMITAGE BLVD, SUITE 600	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VAS	[X] DELETE
NAME	BRILL, LUANNE G	
STREET ADDRESS	1801 HERMITAGE BLVD STE 100	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	S	[X] DELETE
NAME	HARRINGTON, EVELYN T	
STREET ADDRESS	1150 LAKE HEARN DR NE STE 400	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DVAS	[ ] Change [X] Addition
12 NAME	James W. Horton	
13 STREET ADDRESS	1801 Hermitage Blvd., #600	
14 CITY-ST-ZIP	Tallahassee, FL 32308	
21 TITLE	V	[ ] Change [X] Addition
22 NAME	Peggy A. Toppin	
23 STREET ADDRESS	3424 Peachtree Road, NE #800	
24 CITY-ST-ZIP	Atlanta, FL 30326	
31 TITLE	P	[X] Change [ ] Addition
32 NAME	Laler C. DeCosta	
33 STREET ADDRESS	3424 Peachtree Road, #800	
34 CITY-ST-ZIP	Atlanta, GA 30326	
41 TITLE	S	[ ] Change [X] Addition
42 NAME	Thomas A. McKean	
43 STREET ADDRESS	3424 Peachtree Road, NE, #800	
44 CITY-ST-ZIP	Atlanta, GA 30326	
51 TITLE	VAS	[ ] Change [X] Addition
52 NAME	Luanne K. Good	
53 STREET ADDRESS	1801 Hermitage Blvd., Suite 600	
54 CITY-ST-ZIP	Tallahassee, FL 32308	
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (11/98)

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: Douglas W. Bennett, Director — 2-5-99 — 850-488-4406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #