

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

FILED  
Jan 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000101312 (2)**

1. Corporation Name

**TOWNSEND PARTNERS, INC.**



Principal Place of Business	Mailing Address
<b>200 WILLARD ST SUITE 2B COCA FL 32922</b>	<b>200 WILLARD ST SUITE 2B COCA FL 32922</b>

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>12/13/1996</b>	
<b>21</b>		<b>26</b>		<b>4. FEI Number</b> <b>59-3418736</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>22</b>		<b>27</b>		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>23</b>		<b>28</b>			
Zip	Country	Zip	Country		
<b>24</b>		<b>29</b>			

**9. Name and Address of Current Registered Agent**

**SELIG, W. MICHAEL  
200 WILLARD ST  
SUITE 2B  
COCA FL 32922**

**10. Name and Address of New Registered Agent**

<b>81</b>	Name
<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>	
<b>84</b>	City
<b>FL</b>	<b>85</b> 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

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<b>DST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PENCE, ROY J</b>	1.2 NAME	
STREET ADDRESS	<b>200 WILLARD ST SUITE 2B</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCA FL 32922</b>	1.4 CITY - ST - ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SELIG, W. MICHAEL</b>	2.2 NAME	
STREET ADDRESS	<b>200 WILLARD ST SUITE 2B</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCA FL 32922</b>	2.4 CITY - ST - ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEFFERIES, BENJAMIN E</b>	3.2 NAME	
STREET ADDRESS	<b>200 WILLARD ST SUITE 2B</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCA FL 32922</b>	3.4 CITY - ST - ZIP	
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>A BRUNO PEREIRA</b>	4.2 NAME	
STREET ADDRESS	<b>1611 SO NEWBERRY</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHICAGO IL</b>	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)(f), 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.

SIGNATURE:

**SIGNATURE REQUIRED**

1-12-98 (407) 635-1111

CR2E034 (10/97)