


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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90169 028 \*\*\*158.75



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000039113</b>					
1. Corporation Name <b>FIRST AMERICAN AFFILIATES, INC.</b>					
Principal Place of Business <b>2807 REMINGTON GREEN CIRCLE TALLAHASSEE FL 32308</b>			Mailing Address <b>2807 REMINGTON GREEN CIRCLE TALLAHASSEE FL 32308</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business <b>21 2075 Centre Pointe Blvd.</b>		2a. Mailing Address <b>26 2075 Centre Pointe Blvd.</b>		3. Date Incorporated or Qualified <b>05/01/1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-3448126</b>	
22 City & State <b>23 Tallahassee, FL</b>		27 City & State <b>28 Tallahassee, FL</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>24 32308</b>		Country <b>25</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
29 323 08		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>Lajoie, John 2807 Remington Green Circle Tallahassee FL 32308</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>2075 Centre Pointe Blvd.</b>	
				83	
				84 City <b>Tallahassee</b>	
				85 Zip Code <b>FL 32308</b>	
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					
1.1 TITLE <b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME <b>Michael Conway</b>					
1.3 STREET ADDRESS <b>2075 Centre Pointe Blvd.</b>					
1.4 CITY-ST-ZIP <b>Tallahassee, FL 32308</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
2.1 TITLE <b>VP/S/T/</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
2.2 NAME <b>Alfred J. Hansli</b>					
2.3 STREET ADDRESS <b>2075 Centre Pointe Blvd.</b>					
2.4 CITY-ST-ZIP <b>Tallahassee, FL 32308</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

Date

(850) 402-4101

Daytime Phone #

CR2E034 (11/98)