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Secretary of State

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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 # P97000067547

1. Corporation Name

FLORIDA RESIDENTIAL CONSULTANTS COMPANY

Principal Place of Business

2000 S.E. PORT ST. LUCIE BLVD.
 SUITE A
 PORT ST. LUCIE FL 34952

Mailing Address

2000 S.E. PORT ST. LUCIE BLVD.
 SUITE A
 PORT ST. LUCIE FL 34952



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 795 SE Port St. Lucie Blvd		26 Same		08/05/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0774258	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Port St. Lucie, FL		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 34984		25 USA		29	
26		30			

9. Name and Address of Current Registered Agent

CRAHAN, JACK
2000 S.E. PORT ST. LUCIE BLVD.
SUITE A
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name **Nick Romano**
 82 Street Address (P.O. Box Number Is Not Acceptable)
795 SE Port St. Lucie Blvd.
 83
 84 City **Port St. Lucie** **FL** 85 Zip Code **34984**

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 reappointing)

DATE

5-3-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAHAN, JACK	1.2 NAME	Harlee Engel
STREET ADDRESS	2000 S.E. PORT ST. LUCIE BLVD.	1.3 STREET ADDRESS	795 SE Port St. Lucie Blvd.
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	1.4 CITY-ST-ZIP	Port St. Lucie FL 34984
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMANO, NICK	2.2 NAME	795 SE Port St. Lucie Blvd.
STREET ADDRESS	2000 S.E. PORT ST. LUCIE BLVD.	2.3 STREET ADDRESS	Port St. Lucie, FL 34984
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUNCONE, NICHOLAS	3.2 NAME	
STREET ADDRESS	2000 S.E. PORT ST. LUCIE BLVD.	3.3 STREET ADDRESS	795 SE Port St. Lucie Blvd.
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	3.4 CITY-ST-ZIP	Port St. Lucie, FL 34984
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)(l), 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

Harlee Engel 4/22/99

561 335 5229

Daytime Phone #

CR2E034 (1/1/98)