


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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90010 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000068648

1. Corporation Name
6020 PARTNERS INC.



Principal Place of Business 580 VILLAGE BLVD., #150 W. PALM BEACH FL 33409	Mailing Address 580 VILLAGE BLVD., #150 W. PALM BEACH FL 33409
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 901 Northpoint PKWY	2a. Mailing Address 26 901 Northpoint PKWY
Suite, Apt. #, etc. 22 304	Suite, Apt. #, etc. 27 304
City & State 23 WPB FL	City & State 28 WPB FL
Zip 24 33407	Zip 29 33407
Country 25	Country 30

3. Date Incorporated or Qualified 08/07/1997	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0773853	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**NEEDLE, ROBERT
580 VILLAGE BLVD
STE 150
W PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	901 Northpoint PKWY
83	#304
84 City	WPB FL
85 Zip Code	33407

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 (NO E Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D WARWICK, W. ROGER
STREET ADDRESS	580 VILLAGE BLVD., #150
CITY-ST-ZIP	W. PALM BEACH FL 33409
TITLE	<input type="checkbox"/> DELETE
NAME	S NEEDLE, DAVID
STREET ADDRESS	580 VILLAGE BLVD, STE 150
CITY-ST-ZIP	W PALM BEACH FL 33409
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D + PRES
1.3 STREET ADDRESS	901 Northpoint PKWY #304
1.4 CITY-ST-ZIP	WPB FL 33407
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	901 Northpoint PKWY #304
2.3 STREET ADDRESS	WPB FL 33407
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VPRES
3.3 STREET ADDRESS	ROBERT NEEDLE
3.4 CITY-ST-ZIP	901 NORTHPOINT PKWY #304
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	West Palm Beach, FL 33407
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 2 or Block 13 if changed, or on an attach ment with an address, with all other like empowered.

SIGNATURE: David Needle 12699 5616871501
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)