

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

0052004

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000076588**  
 1. Corporation Name  
**11095 VIKING, INC.**

Principal Place of Business <b>1801 HERMITAGE BLVD., STE. 600 TALLAHASSEE FL 32308</b>	Mailing Address <b>1801 HERMITAGE BLVD., STE. 600 TALLAHASSEE FL 32308</b>
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<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

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


<b>TODD, DAVID E</b> <b>1801 HERMITAGE BLVD., STE. 100</b> <b>TALLAHASSEE FL 32308</b>	<b>81</b> Name
	<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
	<b>83</b>
	<b>84</b> City
	<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** \_\_\_\_\_ (NOTE: Registered Agent Signatures Required for Block 13)  
 Signature typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	DVAS
NAME	BENNETT, DOUGLAS W	12 NAME	James W. Horton
STREET ADDRESS	1801 HERMITAGE BLVD.	13 STREET ADDRESS	1801 Hermitage Blvd., Suite 600
CITY-ST-ZIP	TALLAHASSEE FL 32308	14 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	D	21 TITLE	VT
NAME	SMITH, JEFFREY L	22 NAME	Bruce G. Morrison
STREET ADDRESS	1801 HERMITAGE BLVD., STE. 600	23 STREET ADDRESS	335 Madison Avenue
CITY-ST-ZIP	TALLAHASSEE FL 32308	24 CITY-ST-ZIP	New York, NY 10017
TITLE	VAS	31 TITLE	
NAME	HORTON, JAMES W	32 NAME	
STREET ADDRESS	1801 HERMITAGE BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	34 CITY-ST-ZIP	
TITLE	VAS	41 TITLE	
NAME	GOOD, LUANNE K	42 NAME	
STREET ADDRESS	1801 HERMITAGE BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	44 CITY-ST-ZIP	
TITLE	P	51 TITLE	
NAME	GROSSMAN, CHARLES	52 NAME	
STREET ADDRESS	335 MADISON AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	54 CITY-ST-ZIP	
TITLE	VS	61 TITLE	
NAME	LATIMER, STEPHEN P	62 NAME	
STREET ADDRESS	335 MADISON AVE.	63 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	64 CITY-ST-ZIP	

**FILED**  
 99 APR -9 AM 8:58  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**3.** Date Incorporated or Qualified  
**09/04/1997**

**4.** FEI Number  
**59-3465691**

**5.** Certificate of Status Desired  Applied For  Not Applicable  
**\$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  No

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

**FL** **85** Zip Code

**1100002842321--7**  
**-04/16/99--01078--019**  
**\*\*\*\*150.00 \*\*\*\*150.00**

**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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**850-488-4406**

CR2E034 (1/98)