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Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90096 046 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000082862**

1. Corporation Name  
**SQUILLANTE MANAGEMENT COMPANY, INC.**



Principal Place of Business <b>721 MENDEZ WY LONGWOOD FL 32750</b>	Mailing Address <b>349 BERNARD AVENUE LONGWOOD FL 32750 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 531 Dog Track Road</b> Suite, Apt. #, etc. <b>22</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Longwood, Florida</b> Zip <b>24 32750</b> Country <b>25 USA</b>		3. Date Incorporated or Qualified <b>09/23/1997</b>	
2. Principal Place of Business <b>21 531 Dog Track Road</b> Suite, Apt. #, etc. <b>22</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Longwood, Florida</b> Zip <b>24 32750</b> Country <b>25 USA</b>		4. FEI Number <b>59-3475579</b> Applied For Not Applicable	
2. Principal Place of Business <b>21 531 Dog Track Road</b> Suite, Apt. #, etc. <b>22</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Longwood, Florida</b> Zip <b>24 32750</b> Country <b>25 USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
2. Principal Place of Business <b>21 531 Dog Track Road</b> Suite, Apt. #, etc. <b>22</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Longwood, Florida</b> Zip <b>24 32750</b> Country <b>25 USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
2. Principal Place of Business <b>21 531 Dog Track Road</b> Suite, Apt. #, etc. <b>22</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Longwood, Florida</b> Zip <b>24 32750</b> Country <b>25 USA</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SQUILLANTE, TERRY A  
349 BERNARD AVENUE  
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

81 Name <b>Richard S. Taylor, Jr.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>531 Dog Track Road</b>
83
84 City <b>Longwood</b>
85 Zip Code <b>FL 32750</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 **RICHARD S. TAYLOR, JR.,**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when installing)

DATE **4/13/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PSD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P/S/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SQUILLANTE, TERRY A</b>		1.2 NAME <b>RICHARD S. TAYLOR, JR.</b>	
STREET ADDRESS <b>349 BERNARD AVENUE</b>		1.3 STREET ADDRESS <b>531 DOG TRACK ROAD</b>	
CITY-ST-ZIP <b>LONGWOOD FL 32750</b>		1.4 CITY-ST-ZIP <b>LONGWOOD, FL 32752</b>	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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)(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  
**RICHARD S. TAYLOR, JR., PRESIDENT**

**4/13/99**  
Date

**407-834-4267**  
Daytime Phone #

CR2E034 (1/98)