
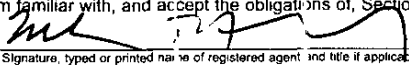


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04-27-1999 90011 023 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000100236 1. Corporation Name VESTCOR PARTNERS XIII, INC.			
Principal Place of Business 3030 HARTLEY ROAD SUITE 100 JACKSONVILLE FL 32257		Mailing Address 3030 HARTLEY ROAD SUITE 100 JACKSONVILLE FL 32257	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent PACKARD, KRISTEN K 3030 HARTLEY ROAD SUITE 100 JACKSONVILLE FL 32257		10. Name and Address of New Registered Agent 81 Name FARRELL, MARK T. 82 Street Address (P.O. Box Number is Not Acceptable) 3030 HARTLEY ROAD, SUITE 100 83 84 City JACKSONVILLE FL 85 Zip Code 32257	
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  MARK T. FARRELL 4-23-99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME ROOD, JOHN D STREET ADDRESS 3030 HARTLEY ROAD CITY-ST-ZIP JACKSONVILLE FL 32257 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 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME ROOD, JOHN D. 1.3 STREET ADDRESS 3030 HARTLEY ROAD, SUITE 100 1.4 CITY-ST-ZIP JACKSONVILLE, FL 32257 2.1 TITLE VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME FARRELL, MARK T. 2.3 STREET ADDRESS 3030 HARTLEY ROAD, SUITE 100 2.4 CITY-ST-ZIP JACKSONVILLE, FL 32257 3.1 TITLE VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME SMITH, BERNARD E. 3.3 STREET ADDRESS 3030 HARTLEY ROAD, SUITE 100 3.4 CITY-ST-ZIP JACKSONVILLE, FL 32257 4.1 TITLE V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME PACKARD, KRISTEN K. 4.3 STREET ADDRESS 3030 HARTLEY ROAD, SUITE 100 4.4 CITY-ST-ZIP JACKSONVILLE, FL 32257 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 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

MARK T. FARRELL

4-23-99

(904) 260-3030

Date

Daytime Phone #

CR2E034 (11/98)