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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 25 AM 9:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P97000102181**

1. Corporation Name
HICKORY POINTE, INC.

Principal Place of Business	Mailing Address
3200 SOUTH HIAWASSEE ROAD SUITE 206 ORLANDO FL 32835	P.O. BOX 4961 ORLANDO FL 32802-4961

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/03/1997

4. FEI Number
59-3491332
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] **$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

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

9. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 N. ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

100002817571--6
-03/25/99--01006--011
****150.00 ****150.00

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	X DELETE	11 TITLE	~~CEO~~	X Change [ ] Addition
NAME	CHIRA, LEE		12 NAME	~~CHIRA, LEE~~	
STREET ADDRESS	3200 SOUTH HIAWASSEE RD., SUITE 107		13 STREET ADDRESS	~~3200 S. HIAWASSEE ROAD, #107~~	
CITY-ST-ZIP	ORLANDO FL 32835		14 CITY-ST-ZIP	~~ORLANDO, FL 32835~~	
TITLE	D	[ ] DELETE	21 TITLE	VP	X Change [ ] Addition
NAME	TUTTLE, L. MILLS		22 NAME	TUTTLE, L. MILLS	
STREET ADDRESS	3200 SOUTH HIAWASSEE RD., SUITE 107		23 STREET ADDRESS	3200 S. HIAWASSEE RD., #206	
CITY-ST-ZIP	ORLANDO FL 32835		24 CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE	D	[ ] DELETE	31 TITLE	VPAS	X Change [ ] Addition
NAME	MCKINNEY, EUGENE J		32 NAME	MCKINNEY, EUGENE J.	
STREET ADDRESS	3200 SOUTH HIAWASSEE RD., SUITE 107		33 STREET ADDRESS	3200 S. HIAWASSEE ROAD, #206	
CITY-ST-ZIP	ORLANDO FL 32835		34 CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE	D	[ ] DELETE	41 TITLE	VPAT	X Change [ ] Addition
NAME	LAWLER, THOMAS P		42 NAME	LAWLER, THOMAS P.	
STREET ADDRESS	3200 SOUTH HIAWASSEE RD., SUITE 107		43 STREET ADDRESS	3200 S. HIAWASSEE ROAD, #205	
CITY-ST-ZIP	ORLANDO FL 32835		44 CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE	D	[ ] DELETE	51 TITLE	VPT	X Change [ ] Addition
NAME	WILLNER, DAVID M		52 NAME	WILLNER, DAVID M.	
STREET ADDRESS	3200 SOUTH HIAWASSEE RD., SUITE 107		53 STREET ADDRESS	3200 S. HIAWASSEE ROAD, #206	
CITY-ST-ZIP	ORLANDO FL 32835		54 CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE	D	[ ] DELETE	61 TITLE	VP, COMPTROLLER	X Change [ ] Addition
NAME	PEISNER, ERIC		62 NAME	PEISNER, ERIC	
STREET ADDRESS	3200 SOUTH HIAWASSEE RD., SUITE 107		63 STREET ADDRESS	3300 S. HIAWASSEE ROAD, #107	
CITY-ST-ZIP	ORLANDO FL 32835		64 CITY-ST-ZIP	ORLANDO, FL 32835	

CR2E034 (11/98)

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: Eric S. Peisner VP 3-9-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ERIC PEISNER, VICE PRESIDENT