

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000106360

1. Corporation Name
FULLERTON/MCBRIDE INC.

Principal Place of Business
165 MADEIRA AVE
9
CORAL GABLES FL 33134
US

Mailing Address
165 MADEIRA AVE
9
CORAL GABLES FL 33134
US

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FULLERTON, ADAM
801 BRICKELL BAY ROAD
TOWER 4, APT 471
MIAMI FL 33131

81 Name
ADAM Fullerton

82 Street Address (P.O. Box Number is Not Acceptable)
630 Coral Way Apt 45

83

84 City
Coral Gables

FL

85 Zip Code
33134

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 ADAM Fullerton President

(NOTE: Registered Agent signature required when not listing)

DATE 3/9/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FULLERTON, ADAM
STREET ADDRESS 801 BRICKELL BAY RD, 471
CITY-ST-ZIP MIAMI FL 33131

1.1 TITLE P/D
1.2 NAME Fullerton, ADAM
1.3 STREET ADDRESS 630 Coral Way Apt 45
1.4 CITY-ST-ZIP Coral Gables FL 33134

TITLE STD
NAME MCBRIDE, JOHN
STREET ADDRESS 801 BRICKELL BAY RD, 471
CITY-ST-ZIP MIAMI FL 33131

2.1 TITLE STD
2.2 NAME McBride, John
2.3 STREET ADDRESS 219 Menorrey Ave 43
2.4 CITY-ST-ZIP Coral Gables FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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: ADAM Fullerton

3/9/99

305-443-3136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90125 022 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1997

4. FEI Number

65-0800566

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

CR2E034 (1/98)

0197981