


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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90049 040 ***150.00

01/18/1990

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000016976

1. Corporation Name
CB ESCROW SERVICES, INC.

Principal Place of Business SUNTRUST INTERNATIONAL CENTER ONE SOUTHEAST 3RD AVENUE #2400 MIAMI FL 33131	Mailing Address SUNTRUST INTERNATIONAL CENTER ONE SOUTHEAST 3RD AVENUE #2400 MIAMI FL 33131
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— DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26 <i>One Commerce St.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 <i>3rd Floor.</i>
City & State	City & State
23	28 <i>Montgomery AL</i>
Zip	Zip
24	29 <i>36104</i>
Country	Country
25	30 <i>U.S.</i>

3. Date Incorporated or Qualified 02/20/1998	
4. FEI Number <i>63-1208889</i>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<i>Chairman of the Board</i>	<input type="checkbox"/> DELETE
NAME	<i>P.L. McLeod, Jr.</i>	
STREET ADDRESS	<i>One Commerce St.</i>	
CITY-ST-ZIP	<i>Montgomery, AL 36104</i>	
TITLE	<i>President</i>	<input type="checkbox"/> DELETE
NAME	<i>Samuel W. Gentry, Jr.</i>	
STREET ADDRESS	<i>1201 Brickell Ave.</i>	
CITY-ST-ZIP	<i>Miami, FL 33131</i>	
TITLE	<i>Vice President</i>	<input type="checkbox"/> DELETE
NAME	<i>Sarah H. Moore</i>	
STREET ADDRESS	<i>One Commerce St.</i>	
CITY-ST-ZIP	<i>Montgomery AL 36104</i>	
TITLE	<i>Secretary & Treasurer</i>	<input type="checkbox"/> DELETE
NAME	<i>W. Flake Oakley, II</i>	
STREET ADDRESS	<i>One Commerce St.</i>	
CITY-ST-ZIP	<i>Montgomery, AL 36104</i>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<i>VP Reimer, David</i>
5.3 STREET ADDRESS	<i>One Commerce St.</i>
5.4 CITY-ST-ZIP	<i>Montgomery, AL 36104</i>
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]* DATE: *04-28-99* DAYTIME PHONE #: *(334) 240-5126*

CR2E034 (1/198)