

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	
<b>DOCUMENT #</b> P98000017638 1. Corporation Name 11737 Central Parkway, Inc.			
Principal Place of Business 3545-1 St. Johns Bluff Road South, #324 Jacksonville, FL 32224		Mailing Address 3545-1 St. Johns Bluff Road South, #324 Jacksonville, FL 32224	
2. Principal Place of Business 21 1177 Ponte Vedra Boulevard Suite, Apt. #, etc. 22 City & State 23 Ponte Vedra Beach, FL Zip Country 24 32082 25 USA		2a. Mailing Address 26 1177 Ponte Vedra Boulevard Suite, Apt. #, etc. 27 City & State 28 Ponte Vedra Beach, FL Zip Country 29 32082 30 USA	
3. Date Incorporated or Qualified February 23, 1998		4. FEI Number 59-3551365 Applied For Not Applicable	
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 Paul C. Porter 3545-1 St. Johns Bluff Road South, #324 Jacksonville, FL 32224		10. Name and Address of New Registered Agent 81 Name Paul C. Porter 82 Street Address (P.O. Box Number is Not Acceptable) 1177 Ponte Vedra Boulevard 83 84 City Ponte Vedra Beach FL 85 Zip Code 32082	
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 Signature, typed or printed name of registered agent and title if applicable		Paul C. Porter (NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D <input type="checkbox"/> DELETE 1.2 NAME Paul C. Porter 1.3 STREET ADDRESS 3545-1 St. Johns Bluff Road S, #324 1.4 CITY-ST-ZIP Jacksonville, FL 32224		1.1 TITLE PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Paul C. Porter 1.3 STREET ADDRESS 1177 Ponte Vedra Boulevard 1.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082	
2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		2.1 TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Cheryl A. Porter 2.3 STREET ADDRESS 1177 Ponte Vedra Boulevard 2.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082	
3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 100002907641--D 3.3 STREET ADDRESS -06/17/99--01064--006 3.4 CITY-ST-ZIP *****550.00 *****550.00	
4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 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"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		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"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 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: *Paul C. Porter*

Paul C. Porter, President

(904) 285-5888

CR2000 (1-1-98)