


FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90053 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000019150

1. Corporation Name

FINISTERRA MANAGEMENT COMPANY

Principal Place of Business 101 OLD FERRY ROAD SHALIMAR FL	Mailing Address 101 OLD FERRY ROAD SHALIMAR FL
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 28		3. Date Incorporated or Qualified 02/27/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 592069057	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29		Country 30		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 NEWMAN, RAYMOND F. JR. 150 EGLIN PARKWAY N.E. FORT WALTON BEACH FL 32548				10. Name and Address of New Registered Agent	
				81 Name Newman Raymond F. JR.	
				82 Street Address (P.O. Box Number is Not Acceptable) 348 Miracle Strip Parkway, SW.	
				83 Suite Suite 7	
				84 City Fort Walton Beach FL	85 Zip Code 32548

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 *Raymond F. Newman Jr.* DATE **2-25-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	PD	Patricia Watson	101 Old Ferry Road # 15C SHALIMAR, FL 32579				
	V.P.	Joseph Mytczynskyj	P.O. Box 815 Gulf Breeze, FL 32562				
	Secretary / Treasurer	Thomas Ashton	1752 Shellfish Nauvoo, FL 32566				
	D	Robert Richards	7640 Commodore Circle Liverpool, NY 13090				

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: *Patricia Watson* **4-24-99** **850**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)