



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 24 AM 10:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
DOCUMENT # P98000046101					
1. Corporation Name BRENTLAWN HOMES AND DEVELOPMENT CORPORATION					
Principal Place of Business 13390 CORTEZ BLVD BROOKSVILLE FL 34613		Mailing Address 13390 CORTEZ BLVD BROOKSVILLE FL 34613			
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/20/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3519706	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
FIELD, ALAN 13390 CORTEZ BLVD BROOKSVILLE FL 34613			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 607.1506, 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 607.0506, Florida Statutes.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> DELETE			1.1 TITLE _____ 1.2 NAME _____ 1.3 STREET ADDRESS _____ 1.4 CITY-ST-ZIP _____ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> DELETE			2.1 TITLE _____ 2.2 NAME _____ 2.3 STREET ADDRESS _____ 2.4 CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> DELETE			3.1 TITLE _____ 3.2 NAME _____ 3.3 STREET ADDRESS _____ 3.4 CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> DELETE			4.1 TITLE _____ 4.2 NAME _____ 4.3 STREET ADDRESS _____ 4.4 CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> DELETE			5.1 TITLE _____ 5.2 NAME _____ 5.3 STREET ADDRESS _____ 5.4 CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ <input type="checkbox"/> DELETE			6.1 TITLE _____ 6.2 NAME _____ 6.3 STREET ADDRESS _____ 6.4 CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 1/29/99 352 597 4646
 Date Daytime Phone #

CR2E034 (11/98)