

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0033001

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

99 NOV 15 PM 3: 11

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000049344

1. Corporation Name
 CORAL SPRINGS VENTURE IV, INC.



Principal Place of Business Mailing Address
 3204 CORAL RIDGE DRIVE 3204 CORAL RIDGE DRIVE
 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065

REINSTATEMENT 99

2. Principal Place of Business 2a. Mailing Address 4. FEI Number
 21 8240 NW 24th St. 26 PO Box 8533 4 65-0845462
 Suite, Apt #, etc. Suite, Apt. #, etc. Applied Fee
 22 #307 27 Not Applicable
 City & State City & State 5. Certificate of Status Desired \$8.75 Additional
 23 N. Lauderdale, FL 28 Coral Springs, FL 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be
 24 33068 25 US 29 33075 30 US 8. This corporation owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
 SCOTT, RICHARD L 81 Name
 3204 CORAL RIDGE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable)
 CORAL SPRINGS FL 33065 83
 84 City Coral Springs FL 85 Zip Code 33068

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: *Richard L. Scott* Richard L. Scott, President 11/8/99 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, RICHARD L	1.2 NAME	
STREET ADDRESS	3204 CORAL RIDGE DRIVE	1.3 STREET ADDRESS	8240 NW 24th St, #307
CITY-ST-ZIP	CORAL SPRINGS FL 33065	1.4 CITY-ST-ZIP	N. Lauderdale, FL 33068
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VP, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPWELL, ANGELA J	2.2 NAME	
STREET ADDRESS	3204 CORAL RIDGE DRIVE	2.3 STREET ADDRESS	10772 La Placida Dr., #104
CITY-ST-ZIP	CORAL SPRINGS FL 33065	2.4 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	100003050231--3
CITY-ST-ZIP		3.4 CITY-ST-ZIP	-11/19/99--01091--020
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	****750.00 ****750.00
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Angela J. Capwell* ANGELA J. CAPWELL 11/8/99 954-755-2464
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (5/99)