


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90179 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000052254

1. Corporation Name
SPINNAKER REALTY ASSOCIATES, INC.



Principal Place of Business 1400 NORTH 59 TERRACE HOLLYWOOD FL 33021	Mailing Address 1400 NORTH 59 TERRACE HOLLYWOOD FL 33021
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
06/11/1998

4. FEI Number APPLIED FOR	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 checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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8. Name and Address of Current Registered Agent
COLEMAN, ANTHONY S JR
1400 NORTH 59 TERRACE
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81. Name Phyllis Swenson
82. Street Address (P.O. Box Number is Not Acceptable) 1400 N. 59 Terrace
83. City Hollywood
84. State FL
85. Zip Code 33021

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 *Phyllis Swenson* x 5/19/99

12. OFFICERS AND DIRECTORS

12.1 NAME <i>Phyllis Swenson</i>	12.2 STREET ADDRESS 1400 N. 59 Terr	12.3 CITY-STATE-ZIP Hollywood, FL 33021	<input type="checkbox"/> DELETE
12.1 NAME Anthony Coleman	12.2 STREET ADDRESS	12.3 CITY-STATE-ZIP	<input type="checkbox"/> DELETE
12.1 NAME	12.2 STREET ADDRESS	12.3 CITY-STATE-ZIP	<input type="checkbox"/> DELETE
12.1 NAME	12.2 STREET ADDRESS	12.3 CITY-STATE-ZIP	<input type="checkbox"/> DELETE
12.1 NAME	12.2 STREET ADDRESS	12.3 CITY-STATE-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.2 NAME Phyllis Swenson	
13.3 STREET ADDRESS 1400 N. 59 Terr	
13.4 CITY-STATE-ZIP Hollywood, FL 33021	
13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	
13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	
13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-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 *Phyllis Swenson* x 5/29/99 954/961-6994

CR2E034 (1/1998)