

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0051500

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000074973

1. Corporation Name
278 POST STREET, INC.

Principal Place of Business
**1801 HERMITAGE BLVD., SUITE 600
TALLAHASSEE FL 32308**

Mailing Address
**1801 HERMITAGE BLVD., SUITE 600
TALLAHASSEE FL 32308**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

**TODD, DAVID E
1801 HERMITAGE BLVD., SUITE 600
TALLAHASSEE FL 32308**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**4000002842324--8
-04/16/99--01078--022
***150.00 ***150.00**

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

(NOTE: Registered Agent's signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** [] DELETE
NAME **BENNETT, DOUGLAS W**
STREET ADDRESS **1801 HERMITAGE BLVD., SUITE 600**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** [] DELETE
NAME **HORTON, JAMES W**
STREET ADDRESS **1801 HERMITAGE BLVD., SUITE 600**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** [] DELETE
NAME **SMITH, JEFFREY L**
STREET ADDRESS **1801 HERMITAGE BLVD., SUITE 600**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **P** [] Change **X** Addition
12 NAME **Howard J. Edelman**
13 STREET ADDRESS **180 N. LaSalle Street**
14 CITY-ST-ZIP **Chicago, IL 60601**

21 TITLE **DV** **X** Change [] Addition
22 NAME **James W. Horton**
23 STREET ADDRESS **1801 Hermitage Blvd., Suite 600**
24 CITY-ST-ZIP **Tallahassee, FL 32308**

31 TITLE **VAS** [] Change **X** Addition
32 NAME **Luanne K. Good**
33 STREET ADDRESS **1801 Hermitage Blvd., Suite 600**
34 CITY-ST-ZIP **Tallahassee, FL 32308**

41 TITLE **VS** [] Change **X** Addition
42 NAME **Thomas McCarthy**
43 STREET ADDRESS **180 N. LaSalle Street**
44 CITY-ST-ZIP **Chicago, IL 60601**

51 TITLE **VTAS** [] Change **X** Addition
52 NAME **Roger E. Smith**
53 STREET ADDRESS **180 N. LaSalle Street**
54 CITY-ST-ZIP **Chicago, IL 60601**

61 TITLE [] Change [] Addition
62 NAME
63 STREET ADDRESS
64 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)(f), 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, on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas W. Bennett, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-99

850-488-4406

Original Filing #

CR2E034 (1/98)

FILED
99 APR -9 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/27/1998

4. FEI Number
59-3532176 Applied For Not Applicable

5. Certificate of Status Desired [] **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [] **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [] Yes **X** No

10. Name and Address of New Registered Agent