


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

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90067 015 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000079467

1. Corporation Name  
THE HASTINGS GROUP, INC.



Principal Place of Business 833 NORTH HIGHLAND AVENUE SUITE 1A ORLANDO FL 32803	Mailing Address 833 NORTH HIGHLAND AVENUE SUITE 1A ORLANDO FL 32803
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 989 W. Kennedy Blvd. Suite, Apt. #, etc. 22 Suite 103 City & State 23 Orlando, FL Zip 24 32810 Country 25 Orange	2a. Mailing Address 26 989 W. Kennedy Blvd. Suite, Apt. #, etc. 27 Suite 103 City & State 28 Orlando, FL Zip 29 32810 Country 30 Orange
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3. Date Incorporated or Qualified 09/15/1998	4. FEI Number 59-3534376	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		

9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134	81 Name Don Hastings 82 Street Address (P.O. Box Number is Not Acceptable) 1677 Torrington Circle 83 84 City Longwood FL 85 Zip Code 32810
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10. Name and Address of New Registered Agent
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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 Don Hastings DATE 4-26-99  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASTINGS, DONALD B	1.2 NAME	
STREET ADDRESS	<del>833 NORTH HIGHLAND AVENUE</del>	1.3 STREET ADDRESS	989 W. Kennedy Blvd. Ste. 103
CITY-ST-ZIP	<del>ORLANDO FL 32803</del>	1.4 CITY-ST-ZIP	Orlando, FL 32810
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASTINGS, MATTHEW B	2.2 NAME	
STREET ADDRESS	<del>833 NORTH HIGHLAND AVENUE</del>	2.3 STREET ADDRESS	989 W. Kennedy Blvd. Ste. 103
CITY-ST-ZIP	<del>ORLANDO FL 32803</del>	2.4 CITY-ST-ZIP	Orlando, FL 32810
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASTINGS, BRENDA K	3.2 NAME	
STREET ADDRESS	<del>833 NORTH HIGHLAND AVENUE</del>	3.3 STREET ADDRESS	989 W. Kennedy Blvd. Ste. 103
CITY-ST-ZIP	<del>ORLANDO FL 32803</del>	3.4 CITY-ST-ZIP	Orlando, FL 32810
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED DATE 4-26-99 DAYTIME PHONE # 407-659-5151  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)