


FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90242 009 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P98000087780 1. Corporation Name FORT PIERCE RE-DEVELOPMENT CORPORATION | | | | | |

Principal Place of Business
 2127-10TH AVE.
 VERO BCH FL 32960

Mailing Address
 2127-10TH AVE.
 VERO BCH FL 32960

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 10/12/1998 | |
| 21 | | 26 | | 4. FEI Number 65-0921837 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 23 | | 28 | | | |
| Zip | Country | Zip | Country | | |
| 24 | 25 | 29 | 30 | | |

| | | | | | | | |
|------------------------------------------------------------|--|--|--|------------------------------------------------------------------------------|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| TAYLOR, JAMES A III 2127-10TH AVE. VERO BCH FL 32960 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 5070 N. Hwy. A-1-A. | | | |
| | | | | 83 Suite 200, Oak Point Bldg. | | | |
| | | | | 84 City Vero Beach FL 85 Zip Code 32963 | | | |

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

JAMES A. TAYLOR, III

(NOTE: Registered Agent signature required when re-registering)

3/2/99

DATE

| | | | | | | | |
|----------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE PSTD NAME TAYLOR, JAMES A III STREET ADDRESS 2127-10TH AVE. CITY-ST-ZIP VERO BCH FL 32960 | | | | 1.1 TITLE PSTD 1.2 NAME Taylor, James A., III 1.3 STREET ADDRESS 5070 N. Hwy. A-1-A, Suite 200 1.4 CITY-ST-ZIP Vero Beach, FL 32963 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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:

JAMES A. TAYLOR, III 3/2/99 561-231-4440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)