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).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000098987

WHITTINGTON FINANCIAL CORP.

Principal Place of Business

Mailing Address

404 SW 5 AVE

HALLANDALE FL 33009

404 SW 5 AVE

HALLANDALE FL 33009

FILED Jul 15, 1999 8:00 am Secretary of State

07-15-1999 90008 013 ***150.00



DO NOT WRITE IN THIS SPACE

	3. Date incorporated or Qualified
2. Principal Place of Business 2. Applied For Applied For	
2. Principal Place of Business 21 2100 E Hallandale Beh follyd. Hallandale	
21 2100 E Hallandale Beh follyd. Hallandale, Suite, Apt. #, etc.	\$8.75 Additional
22 400 27 Suite 406	5. Certificate of Status Desired Fee Required
City & State City & State	6. Election Campaign Financing \$5.00 May Be
23 Hallandale FL 28 Hallandale +	Trust Fund Contribution Added to Fees
Zip County Zip Cour	
	Intangible Personal Property. Yes X No
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	Name
Sharpe, Michele	
404 SW 5 AVE	32 Street Address (P.O. Box Number is Not Acceptable)
HALLANDALE FL 33009	33
	City FL 85 Zip Code
11. Pursuant to the provisions of sections 607.0502 and 607.1508. Florida Statutes, the abo	
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: Register	d Agent signature required when reinstating) DATE
12. OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D DELETE 1.1 TITL	
NAME SHARPE, MICHELE 12 NA	
	_
LIEBLANDALE EL COCCO	EET ADDRESS
	'ST-ZIP
TITLE DELETE 2.1 TITL	
NAME 2.2 NAME	_
_	EET ADDRESS .
	'ST-ZIP
TITLE DELETE 3.1 TITE]
NAME 3.2 NAI	
STREET ADDRESS 3.3 STR	EET ADDRESS
	-ST-ZIP
TITLE DELETE 4.1 TITL	E Change Addition
NAME 4.2 NAI	E
STREET ADDRESS 4.3 STR	EET ADDRESS
CITY-ST-ZIP 4.4 CIT	-ST-ZIP
TITLE DELETE 5.1 TITL	E Change Addition
NAME 5.2 NAV	E
STREET ADDRESS 5.3 STR	EET ADDRESS
CITY-ST-ZIP : 5.4 CIT	OT 7/D
	-01-ZIF I
	E Change Addition
TITLE DELETE 6.1 TITL NAME 6.2 NAME	E Change Addition
TITLE DELETE 6.1 TITL NAME 6.2 NAME	E Change Addition EET ADDRESS

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.

Whittington Financial Corp.

June 6, 1999

Annual Reports Filings Division Of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Please be advised that I never received an Annual Report Packet for Whittington Financial Corporation, I was not aware that this form was required. I do apologize for the confusion, however, I did speak to a representative at the Department Of State and now am aware that this needs to be filed prior to May of every year. Enclosed please find a check in the amount of \$150.00 for the annual filing.

Sincerely,

Michele Sharpe

President

Whittington Financial Corporation

chl Shan,