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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P95000093805

1. Corporation Name
 1000 ASSOCIATES, INC.

Principal Place of Business
 1032 EAST ATLANTIC AVENUE
 DELRAY BEACH FL 33483

Mailing Address
 P.O. DRAWER 1929
 DELRAY BEACH FL 33447-1929



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 363 Atlantic Blvd.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite # 3-A

27

City & State

City & State

23 Atlantic Beach, FL

28

Zip Country

Zip Country

24 32233

25

US

29

30

3. Date Incorporated or Qualified

12/11/1995

4. FEI Number

65-0631065

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERBER, PAUL S
 1032 EAST ATLANTIC BLVD.
 DELRAY BEACH FL 33483

81 Name

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

363 Atlantic Blvd., Ste 3-A

83

84

Atlantic Beach

FL

85 Zip Code

32233

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
 NAME FEBER, PAUL S
 STREET ADDRESS 1032 EAST ATLANTIC BLVD.
 CITY-ST-ZIP DELRAY BEACH FL 33483

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS 363 Atlantic Blvd., Ste 3-A
 1.4 CITY-ST-ZIP Atlantic Beach, FL 32233

TITLE D DELETE
 NAME FEBER, P. SHIELDS JR.
 STREET ADDRESS 194 MT. AIRY ROAD
 CITY-ST-ZIP BASKING RIDGE NJ 07920

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 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:

[Signature]
 SIGNATURE REQUIRED

1/6/99 (904) 247-2814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)