

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

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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90109 032 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **P96000031380**

1. Corporation Name  
**FACILITY DEVELOPMENT CORPORATION**



Principal Place of Business  
 225 WATER ST SUITE 1800  
 JACKSONVILLE FL 32201-3315

Mailing Address  
 C/O LINBERGER & CO., LLC  
 1120 BOSTON POST ROAD  
 DARLEN CT 06820

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/10/1996</b>	Applied For Not Applicable
4. FEI Number <b>59-2287668</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

2. Principal Place of Business 21 <b>ONE ENTERPRISE WEST</b>	2a. Mailing Address 26 <b>1900 WEST LOOP SOUTH</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <b>SUITE 655</b>
City & State 23 <b>SANDERSON, FL</b>	City & State 28 <b>HOUSTON, TX</b>
Zip 24 <b>32087</b>	Country 25 <del>USA</del> <b>USA</b>
	Zip 29 <b>77027</b>
	Country 30 <b>USA</b>

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COLWELL, JOHN A</b>	
STREET ADDRESS	<b>8 SPRINGHILL FARM COURT</b>	
CITY-ST-ZIP	<b>HUNT VALLEY MA 21030</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LINBERGER, CHRISTOPHER</b>	
STREET ADDRESS	<b>C/O LINGERGER &amp; CO LLC 1120 BOSTON POST RD</b>	
CITY-ST-ZIP	<b>DARIEEN CT 06820</b>	
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MANDELL, EDWARD</b>	
STREET ADDRESS	<b>1211 AVE. OF THE AMERICAS</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10036</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>BARRY IAN KING</b>	
1.3 STREET ADDRESS	<b>1900 W. LOOP SO., STE 655</b>	
1.4 CITY-ST-ZIP	<b>HOUSTON, TX 77027</b>	
2.1 TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>DAVID TITHOLM</b>	
2.3 STREET ADDRESS	<b>1900 W. LOOP SO., STE 655</b>	
2.4 CITY-ST-ZIP	<b>HOUSTON, TX 77027</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Barry Ian King **BARRY IAN KING** Date: 1/29/99 Daytime Phone #: 713-850-8544

CR2E034 (1/98)