


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

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90036 031 \*\*\*150.00

0516344

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

**DOCUMENT # G21553**

1. Corporation Name  
**PIOWATY ENTERPRISES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 13939 INDRIO ROAD FT PIERCE FL 34945 US	Mailing Address 13939 INDRIO ROAD FT PIERCE FL 34945 US
------------------------------------------------------------------------------	------------------------------------------------------------------

3. Date Incorporated or Qualified <b>02/03/1983</b>	
4. FEI Number <b>59-2258685</b>	Applied For <input type="checkbox"/> Not Applicable
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
-----------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

9. Name and Address of Current Registered Agent

**FEE, FRANK H III**  
**401-A SOUTH INDIAN RIVER DRIVE**  
**FT PIERCE FL 34950**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROWN, EDGAR A	
STREET ADDRESS	13939 INDRIO ROAD	
CITY-ST-ZIP	FT PIERCE FL 34954	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCOTT, DAN C	
STREET ADDRESS	1901 S INDIAN RIVER DRIVE	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JACOBS, DARYL	
STREET ADDRESS	13939 INDRIO ROAD	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SCOT DAN C	
STREET ADDRESS	1901 S INFIAN RIVER DRIVE	
CITY-ST-ZIP	FT PIERCE FL 34945	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JACOBS DARYL	
STREET ADDRESS	650 NORTHRACK RD	
CITY-ST-ZIP	FT PIERCE FL 34945	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BROWN, EDGAR A.	
1.3 STREET ADDRESS	13939 INDRIO ROAD	
1.4 CITY-ST-ZIP	FT. PIERCE, FL 34945	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JACOBS, DARYL	
3.3 STREET ADDRESS	650 NORTH ROCK ROAD	
3.4 CITY-ST-ZIP	FT. PIERCE, FL 34945	
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: *Edgar A. Brown* **RED** 1/13/99 561 461-7425  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)