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Jun 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northrup
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N35416 (9)

1. Corporation Name
F.E.A.S.T., INC.

Principal Place of Business
2223 NEBRASKA AVE. PALM HARBOR FL 34683 US

Mailing Address
P.O. BOX 2154 PALM HARBOR FL 34682 US

3. Date incorporated or Qualified
11/27/1989

4. FEI Number
59-2981961

Applied For
 Not Applicable

2. Principal Place of Business

21 **2223 Nebraska Ave**
 Suite, Apt. #, etc.

22 City & State
Palm Harbor FL
 Zip Country
34683 25

2a. Mailing Address

26 **Box 2154**
 Suite, Apt. #, etc.

27 City & State
Palm Harbor FL
 Zip Country
34682 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners' association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

RANKIN, DAVID L
321 ARISTOTLE ST
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name
Warren G. Martin

82 Street Address (P.O. Box Number is Not Acceptable)
3350 Sand Key Dr

83

84 City
Palm Harbor

85 Zip Code
34684

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]*
 Signature of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VOORST, FORREST VAN	
STREET ADDRESS	321 ARISTOTLE ST	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	O'BRIEN, CHARLES	
STREET ADDRESS	651 PALM COURT	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BRUCKART, KEN	
STREET ADDRESS	3636 FISHER RD	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WHITE, JAY	
STREET ADDRESS	3536 LANDMARK TRL	
CITY-ST-ZIP	PALM HARBOR FL	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ken Stevens	
1.3 STREET ADDRESS	1320 Daffodil Pl #6	
1.4 CITY-ST-ZIP	Dunedin FL 34698	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Drothy Stanek	
2.3 STREET ADDRESS	4158 Chesterfield Circle	
2.4 CITY-ST-ZIP	Palm Harbor FL 34683	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Josephine Adamski	
3.3 STREET ADDRESS	608 Belmor Lane	
3.4 CITY-ST-ZIP	Ozona FL 34660	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Nancy Bishop	
4.3 STREET ADDRESS	907 Omaha St	
4.4 CITY-ST-ZIP	Palm Harbor FL 34683	
5.1 TITLE	Lucille Faig D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	2370 Shelly DR-PaLM Harbor	
5.3 STREET ADDRESS	34682	
5.4 CITY-ST-ZIP	Faye Baxter D	
6.1 TITLE	29250 US-19 Palm Harbor FL	
6.2 NAME	34682	
6.3 STREET ADDRESS	Bill Dewitte D	
6.4 CITY-ST-ZIP	36 Yawl Ln Palm Harbor 34682	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ken Stevens Pres* 4/15/98 813-789-5275