

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

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NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 NOV 23 PM 1:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 1. Corporation Name
 N 48528
 STUART FLYRODDERS, INC.

Principal Place of Business Mailing Address
 3286 S.W. PERIMETER RD.
 PALM CITY, FL. 34990

3. Date incorporated or Qualified 14 APR. 1992
 4. FEI Number 65-0415965 Applied For Not Applicable
 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

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 3286 S.W. PERIMETER RD
 22 City & State SAME -> 27 Suite, Apt. #, etc.
 23 City & State PALM CITY, FL 28 City & State
 24 Zip 25 Country 29 34990 30 USA

9. Name and Address of Current Registered Agent
 SOUTHERN ANGLER
 NORTH STUART PLAZA
 1700 N.W. FEDERAL HIGHWAY
 STUART, FLA. 34994

10. Name and Address of New Registered Agent
 81 Name C/O S. PETERSEN
 82 Street Address (P.O. Box Number is Not Acceptable) 3286 S.W. PERIMETER RD.
 83
 84 City PALM CITY FL 85 Zip Code 34990

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 STEPHEN T. PETERSEN / TREASURER 9-04-98
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> DELETE	DON EVANS / PRESIDENT / DIRECTOR	10600 SOUTH OCEAN DR., APT. 901	JENSEN BEACH, FL 34957
<input type="checkbox"/> DELETE	VICE PRESIDENT / DIRECTOR	DAVE BURNS	1226 SW. 25th LANE, PALM CITY, FL
<input type="checkbox"/> DELETE	SECRETARY / DIRECTOR	MIKE HOLLIDAY	512 S.E. EDGEWOOD DR. STUART, FL
<input type="checkbox"/> DELETE	TREASURER / DIRECTOR	STEVIE PETERSEN	FL 34990 3286 SW. PERIMETER RD, PALM CITY
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition		400002699074--3	-12/01/98--01061--027
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition		61.25	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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: STEPHEN T. PETERSEN 9-04-98 561-283-0483
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/98)