


09241999-90005-018-\$61.25-\$61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N48528</b> 1. Corporation Name <b>STUART FLYRODDERS, INC.</b>					
Principal Place of Business 3288 S.W. PERIMETER ROAD PALM CITY FL 34990			Mailing Address 3585 S.E. PERIMETER ROAD PALM CITY FL 34990		

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 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 99 OCT -6 AM 10:46



2. Principal Place of Business 21 <b>SOUTHERN ANGLER</b>		2a. Mailing Address 26 <b>3585 S.E. ST. LUCIE BLVD</b>		3. Date Incorporated or Qualified 04/20/1992	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0415905	
City & State 23 <b>STUART FL.</b>		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>34997</b>		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 25 <b>U.S.</b>		Country 30		9. Name and Address of Current Registered Agent PETERSON, S. 3288 S.W. PERIMETER ROAD PALM CITY FL 34990	
10. Name and Address of New Registered Agent 81 Name <b>MATT BAGLEY</b>		82 Street Address (P.O. Box Number is Not Acceptable) 3585 S.E. ST LUCIE BLVD		83	
84 City <b>STUART</b>		85 State <b>FL</b>		86 Zip Code <b>34997</b>	

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]* **JAMES M. BAGLEY** DATE: **09-30-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD.
NAME	EVANS, DON	1.2 NAME	RICHARD DEWITO
STREET ADDRESS	10600 SOUTH OCEAN DRIVE, APT. 901	1.3 STREET ADDRESS	3585 S.E. ST LUCIE BLVD
CITY-ST-ZIP	JENSEN BEACH FL 34957	1.4 CITY-ST-ZIP	STUART FL. 34997
TITLE	VPD	2.1 TITLE	VPD.
NAME	EVANS, DAVE	2.2 NAME	SAH-MULLINAX
STREET ADDRESS	1220 S.W. 25TH LANE	2.3 STREET ADDRESS	3585 S.E. ST. LUCIE BLVD.
CITY-ST-ZIP	PALM CITY FL	2.4 CITY-ST-ZIP	STUART FL. 34997
TITLE	SD	3.1 TITLE	SD.
NAME	HOLLIDAY, MIKE	3.2 NAME	MIKE HOLLIDAY
STREET ADDRESS	512 S.E. EDGEWOOD DRIVE	3.3 STREET ADDRESS	512 S.E. EDGEWOOD DR.
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	STUART FL. 34997
TITLE	TD	4.1 TITLE	TD.
NAME	PETERSEN, STEVE	4.2 NAME	MATT BAGLEY
STREET ADDRESS	3288 S.W. PERIMETER ROAD	4.3 STREET ADDRESS	1131 S.E. ASTORWOOD PL
CITY-ST-ZIP	PALM CITY FL 34990	4.4 CITY-ST-ZIP	STUART FL. 34997
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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: JAMES M. BAGLEY** DATE: **09-06-99** 561 223 1300

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