


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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90031 019 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P92000002756**  
 1. Corporation Name  
**FLORIDA FALLS, INC.**

Principal Place of Business <b>10453 TILLERY RD                  SPRING HILL FL 34608</b>	Mailing Address <b>10453 TILLERY RD                  SPRING HILL FL 34608</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

3. Date Incorporated or Qualified <b>10/28/1992</b>	
4. FEI Number <b>59-3148707</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 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	

9. Name and Address of Current Registered Agent  
**RUTHENBERG, DOUGLAS A  
 10453 TILLERY RD  
 SPRING HILL FL 34608**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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	DP	<input checked="" type="checkbox"/> DELETE
NAME	RUTHENBERG, DOUGLAS A	
STREET ADDRESS	10453 TILLERY RD	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	1VP	<input checked="" type="checkbox"/> DELETE
NAME	DIXON, BEN	
STREET ADDRESS	10453 TILLERY ROAD	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	2VP	<input checked="" type="checkbox"/> DELETE
NAME	TINCH, DENISE	
STREET ADDRESS	10453 TILLERY RD.	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	RUTHENBERG, PATRICIA F	
STREET ADDRESS	10453 TILLERY ROAD	
CITY-ST-ZIP	SPRING HILL FL 34608	
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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GREG HOWARD	
1.3 STREET ADDRESS	P.O. Box 1149	
1.4 CITY-ST-ZIP	SAW MARCOS, CA 92079-1149	
2.1 TITLE	VP1	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CHUCK WOOLSTENHULME	
2.3 STREET ADDRESS	PO BOX 1149	
2.4 CITY-ST-ZIP	SAW MARCOS, CA 92079-1149	
3.1 TITLE	VP2	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ERIC KOWNACKI	
3.3 STREET ADDRESS	P.O. BOX 1149	
3.4 CITY-ST-ZIP	SAW MARCOS, CA 92079-1149	
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: X Gregory Howard      Date: 2/4/99      Daytime Phone #: X760-471-0129

CR2E034 (1/98)