

CAPITAL CONNECTION

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09/15 '99 11:29 NO.906 02/02


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 1. Corporation Name P94600001460		<b>410 INVESTMENTS, INC</b>	
<b>Principal Place of Business</b>		<b>Mailing Address</b> 1515 SW 13 CT FT. LAUD., FL. 33312	
<b>2. Principal Place of Business</b> 21 1515 SW 13 CT. Suite, Apt. #, etc.		<b>2a. Mailing Address</b> 26 1515 SW 13 CT Suite, Apt. #, etc.	
<b>22</b> City & State 23 FT. LAUD. FL <del>33312</del>		<b>27</b> City & State 28 FT. LAUD. FL <del>33312</del>	
<b>24</b> Zip <b>25</b> Country 33312 USA		<b>29</b> Zip <b>30</b> Country 33312 USA	
<b>9. Name and Address of Current Registered Agent</b> Shelby Smith 1515 SW 13 CT FT. LAUD., FL. 33312		<b>10. Name and Address of New Registered Agent</b> 81 Name Shelby Smith 82 Street Address (P.O. Box Number is Not Acceptable) 1515 SW 13 CT 83 84 City FT. LAUD. FL 85 Zip Code 33312	
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 register office of 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 607.0506, Florida Statutes.			
<b>SIGNATURE</b> Signature of registered agent and non if applicable. (NOTE: Registered Agent signature required when replacing)		DATE 9-15-99	
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN</b>	
TITLE PRESIDENT, <del>DIR.</del> <input type="checkbox"/> DELETE NAME Shelby Smith III STREET ADDRESS 1515 SW 13 CT CITY-ST-ZIP FT. LAUD. FL. 33312	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Ac 1.2 NAME 300002989243--4 1.3 STREET ADDRESS -09/16/99--01068--011 1.4 CITY-ST-ZIP *****8.75 *****8.75		
TITLE SECRETARY, DIRECT. <input type="checkbox"/> DELETE NAME Peter Kessel STREET ADDRESS 626 SW 8 AVE CITY-ST-ZIP FT. LAUD. FL. 33315	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Ac 2.2 NAME 300002989243--4 2.3 STREET ADDRESS -09/16/99--01068--012 2.4 CITY-ST-ZIP *****550.00 *****550.00		
TITLE PRES. / DIRECT. <input type="checkbox"/> DELETE NAME JOHN WHITE STREET ADDRESS 1031 SE 9 AVE CITY-ST-ZIP POMPANO BCH, FL 33061	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Ac 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE DIRECTOR <input type="checkbox"/> DELETE NAME SHELBY G. SMITH JR. STREET ADDRESS 310 SE 11 AVE. CITY-ST-ZIP FT. LAUD. FL. 33301	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Ac 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE SEC. <input type="checkbox"/> DELETE NAME SELINA SMITH STREET ADDRESS 1515 SW 13 CT. CITY-ST-ZIP FT. LAUD. FL 33312	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Ac 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Ac 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: \_\_\_\_\_ DATE: 9-15-99