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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000058928**

1. Corporation Name  
**Mammoth Memory, Inc.**

Principal Place of Business  
**2600 118TH AVENUE NORTH  
ST. PETERSBURG FL 33716  
US**

Mailing Address  
**2600 118TH AVENUE NORTH  
ST. PETERSBURG FL 33716  
US**

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current 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**

Signature: typed or printed name of registered agent and, if applicable, officer or director

(NOTE: Registered Agent signature required when resigning)

DATE

**OFFICERS AND DIRECTORS**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>DCEO</b>	<b>GALINSKI, MICHAEL B</b>	<b>13635 FEATHER SOUND DRIVE, SUITE 327 CLEARWATER FL 34622</b>
	<b>\$</b>	<b>MICHAEL D POINTER, II</b>	<b>2550 118TH AVENUE NORTH ST. PETERSBURG FL 33716</b>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
		<b>2500 118th Avenue North</b>	<b>St. Petersburg, FL 33716</b>
		<b>Pointer, D. Michael II</b>	<b>2510 118th Avenue North</b>
		<b>St. Petersburg, FL 33716</b>	
		<b>500002902795--S</b>	<b>-06/11/99--01104--014</b>
		<b>***158.75</b>	<b>***158.75</b>

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 in an attachment with an address, with all other like empowered.

**SIGNATURE:** *D. Michael Pointer II*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/99 (727) 573-9375**  
Date Daytime Phone #