

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

FILED

**Jan 28 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P96000009298 (6)

1. Corporation Name:
4WHAT, INC.



Principal Place of Business
**838 NEAPOLITAN WAY
SUITE 115
NAPLES FL 33940**

Mailing Address
**838 NEAPOLITAN WAY
SUITE 115
NAPLES FL 34103-3119**

3. Date Incorporated or Qualified 01/30/1996	3a. Date of Last Report
4. FEI Number 05-0638732	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 501 GOODLETT RD #200A	26 PO BOX 413005 *
Suite, Apt. #, etc. 22 # D22	Suite, Apt. #, etc. 27 #115
City & State 23 NAPLES	City & State 28 NAPLES
Zip 24 FL	Country 25 34102
Zip 29 FL	Country 30 34101

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RUSHFORD, CARL 838 WOODSHIRE LANE UNIT K3 NAPLES FL 33942		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COSSETTA, JIM		1.2 NAME COSSETTA, JIM	
STREET ADDRESS 838 WOODSHORE LANE UNIT K3		1.3 STREET ADDRESS 3722 KENT DRIVE	
CITY-ST-ZIP NAPLES FL 33940		1.4 CITY-ST-ZIP NAPLES, FL. 34112	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME RUSHFORD, CARL	
STREET ADDRESS		2.3 STREET ADDRESS 836 WOODSHIRE LN # K3	
CITY-ST-ZIP		2.4 CITY-ST-ZIP NAPLES, FL. 33942	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME ATWOOD, PATRICK	
STREET ADDRESS		3.3 STREET ADDRESS 492 QUAIL FOREST BLVD #807	
CITY-ST-ZIP		3.4 CITY-ST-ZIP NAPLES, FL 33942	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME MASTRO, WADE	
STREET ADDRESS		4.3 STREET ADDRESS 2172 KING'S LAKE BLVD	
CITY-ST-ZIP		4.4 CITY-ST-ZIP NAPLES, FL. 34112	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)