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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90061 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P96000021754

1. Corporation Name
TRUE POSITION, INC.



Principal Place of Business: 7546 W. MCNAB RD., BAY B-6 N. LAUDERDALE FL 33068
Mailing Address: 7546 W. MCNAB RD., BAY B-6 N. LAUDERDALE FL 33068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1996
4. FEI Number: 65-0651456
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business (21-24) and Mailing Address (2a-24) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: LUONG, NHIE 7706 SW 8TH CT. N. LAUDERDALE FL 33068

10. Name and Address of New Registered Agent: 81 Name: Bill GARRETT, 82 Street Address: 7546 W. MCNAB RD., BAY B-6, 84 City: N. LAUDERDALE, FL, 85 Zip Code: 33068

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: Bill J. Garrett, DATE: 1-26-99

12. OFFICERS AND DIRECTORS table with columns for Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 table with columns for Title, Name, Street Address, City-ST-ZIP, and Change/Addition checkboxes.

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: Bill J. Garrett, DATE: 1-26-99, DAYTIME PHONE #: 954-722-9205

CR2E034 (11/98)