


FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90006 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000025317

1. Corporation Name
HUSKY PRODUCTS, INC.



Principal Place of Business 126 CENTER ST SUITE B-11 JUPITER FL 33458	Mailing Address 126 CENTER ST SUITE B-11 JUPITER FL 33458
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/18/1996	4. FEI Number 65-0718629	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	7. This corporation owes the current year Intangible Personal Property Tax: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

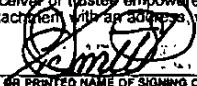
9. Name and Address of Current Registered Agent LEONE, LAWRENCE 126 CENTER ST SUITE B-11 JUPITER FL 33458	10. Name and Address of New Registered Agent 81 Name PETER SMITH 82 Street Address (P.O. Box Number is Not Acceptable) 5400 N. OCEAN DRIVE, #4B 83 84 City SINGER ISLAND FL 85 Zip Code 33404
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11. 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: 4.6.99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	OP <input type="checkbox"/> DELETE	1.1 TITLE	VICE PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONE, LAWRENCE	1.2 NAME	LEONE, LAWRENCE
STREET ADDRESS	126 CENTER ST SUITE B-11	1.3 STREET ADDRESS	12831 GUILFORD CIR.
CITY-ST-ZIP	JUPITER FL 33458	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL. 33414
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	SMITH, PETER
STREET ADDRESS		2.3 STREET ADDRESS	5400 N. OCEAN DRIVE, #4B
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SINGER ISLAND, FL. 33404
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	SMITH, MURIEL
STREET ADDRESS		3.3 STREET ADDRESS	5400 N. OCEAN DRIVE, #4B
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SINGER ISLAND, FL. 33404
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	LEONE, MYRTLE
STREET ADDRESS		4.3 STREET ADDRESS	12831 GUILFORD CIR.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	WEST PALM BEACH, FL. 33414
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 3.11.99 DAYTIME PHONE: 561.745.1005

CR2E034 (1/198)