


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

FILED
Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000034073 (2)

1. Corporation Name
POGY PUMPER, INC.



Principal Place of Business 1504 N 77 AVE PENSACOLA FL 32506	Mailing Address 1504 N 77 AVE PENSACOLA FL 32506
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/16/1996	4. FEI Number 59-3397182	<input type="checkbox"/> Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**NEILSEN, PETER
 1504 N 77 AVE
 PENSACOLA FL 32506**

10. Name and Address of New Registered Agent

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

TITLE	D	DELETE <input type="checkbox"/>	NAME NEILSEN, CHRISTIAN P STREET ADDRESS 1504 N 77 AVE CITY-ST-ZIP PENSACOLA FL 32506
TITLE	D	DELETE <input type="checkbox"/>	NAME ANTHONY BENSON STREET ADDRESS 537 N FAIRFIELD DR CITY-ST-ZIP PENSACOLA FL
TITLE	D	DELETE <input type="checkbox"/>	NAME CHRISTIAN P. NIELSEN JR. STREET ADDRESS 1504 NTH 77TH AVE. CITY-ST-ZIP PENSACOLA FL
TITLE		DELETE <input type="checkbox"/>	
TITLE		DELETE <input type="checkbox"/>	
TITLE		DELETE <input type="checkbox"/>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	
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 in an attachment, with an address.

SIGNATURE _____

CR2E034 (10/97)