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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P96000052248**

1. Corporation Name
PESPEDO CORPORATION

POSTED **RECEIVED**
JAN 04 1999



Principal Place of Business
**102 PINELAS BAYWAY
 TIERRA VERDE FL 33715-373
 US**

Mailing Address
**%GULF TAX INC
 6860 GULFPORT BLVD. STE 900
 ST PETERSBURG FL 33707-108
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified
06/19/1996

4. FEI Number
59-3386741

5. Certificate of Status Desired **\$8.75** Additional Fee Required. Not Applicable

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**GULF TAX INC - BRIAN LIGHT
 6860 GULFPORT BLVD
 STE 900
 ST PETERSBURG FL 33707-2108**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ELBERT, PETER H	
STREET ADDRESS	6860 GULFPORT BLVD, STE #900	
CITY-ST-ZIP	ST PETERSBURG FL 08	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ELBERT, DORIS	
STREET ADDRESS	6860 GULFPORT BLVD, STE 900	
CITY-ST-ZIP	ST-PETERSBURG FL 08	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ELBERT, SUSANNE	
STREET ADDRESS	6860 GULFPORT BLVD, STE 900	
CITY-ST-ZIP	ST PETERSBURG FL 08	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LIGHT, BRIAN	
STREET ADDRESS	6860 GULFPORT BLVD, STE 900	
CITY-ST-ZIP	ST PETERSBURG FL 08	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

SIGNATURE: **Brian Light** **BRIAN LIGHT** 4/2/99 (727) 381 1176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CD 02924 (11/08)