


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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90093 036 ***158.75

0411792

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

DOCUMENT # P97000006324

1. Corporation Name
AMERICA II ENTERPRISES, INC.



Principal Place of Business 1335 FEATHER SAND DRIVE SUITE 327 CLEARWATER FL 34622 US	Mailing Address C/O D. MICHAEL POINTER, II 2510 118TH AVENUE NORTH ST. PETERSBURG FL 33716
---	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2500 118th Avenue North Suite, Apt. #, etc. 22 City & State 23 St. Petersburg, FL Zip 24 33609 Country 25 U.S.	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
--	---

3. Date Incorporated or Qualified 01/16/1997	4. FEI Number 65-0719620	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent

**POINTER, D. MICHAEL II
~~2550 118TH AVENUE NORTH~~ **2510 118th Avenue North**
ST. PETERSBURG FL 33716**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 <input type="checkbox"/> DELETE
NAME	GALINSKI, MICHAEL B.
STREET ADDRESS	1335 FEATHER SAND DRIVE #327 →
CITY-ST-ZIP	CLEARWATER FL 34622 →
TITLE	S <input type="checkbox"/> DELETE
NAME	POINTER, D. MICHAEL II
STREET ADDRESS	2550 118TH AVENUE NORTH →
CITY-ST-ZIP	ST. PETERSBURG FL 33716

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2500 118th Avenue North
1.4 CITY-ST-ZIP	St. Petersburg, FL 33716
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2510 118th Avenue North
2.4 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: D. Michael II Pointer Date: 4/28/99 Daytime Phone #: (727) 573-9375

CR2E034 (11/98)