


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

**FILED**  
**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90014 038 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

**DOCUMENT # P97000006763**  
 1. Corporation Name  
**160 SHORT, INC.**



Principal Place of Business      Mailing Address

~~421 NORTH OSCEOLA AVENUE~~  
~~SUITE 300~~  
~~CLEARWATER FL 33755~~  
 US

~~421 NORTH OSCEOLA AVENUE~~  
~~SUITE 300~~  
~~CLEARWATER FL 33755~~  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/23/1997**

2. Principal Place of Business      2a. Mailing Address

21 **946 Bay Esplanade**  
 Suite, Apt. #, etc.

26 **946 Bay Esplanade**  
 Suite, Apt. #, etc.

22 City & State      27 City & State

23 **Clearwater, FL**

28 **Clearwater, FL**

24 Zip **33767**      25 Country **USA**

29 Zip **33767**      30 Country **USA**

4. FEI Number      Applied For

**59-3430099**      Not Applicable

5. Certificate of Status Desired -       **\$8.75** Additional Fee Required

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

~~LOGAN, FRANK C~~  
~~121 NORTH OSCEOLA AVENUE~~  
~~SUITE 300~~  
~~CLEARWATER FL 33755~~

10. Name and Address of New Registered Agent

81 Name **Dana Y Coston**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1870 Jessica Rd.**

83

84 City **Clearwater, FL**      85 Zip Code **33765**

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 *[Signature]*      DATE **3/26/99**

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

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	YOUNG, DEAN	
STREET ADDRESS	<del>121 NORTH OSCEOLA AVENUE, SUITE 300</del>	
CITY-ST-ZIP	<del>CLEARWATER FL 33755</del>	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	<del>LOGAN, FRANK C</del>	
STREET ADDRESS	<del>121 NORTH OSCEOLA AVENUE, SUITE 300</del>	
CITY-ST-ZIP	<del>CLEARWATER FL 33755</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	946 Bay Esplanade	
1.4 CITY-ST-ZIP	Clearwater, FL 33767	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dana Y Coston	
2.3 STREET ADDRESS	946 Bay Esplanade	
2.4 CITY-ST-ZIP	Clearwater, FL 33767	
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: *[Signature]*      DATE **3/26/99**      DAYTIME PHONE #

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

CR2FN34 (11/98)