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04-30-1999 90079 042 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000099491

1. Corporation Name UNCONTAINABLE BLESSINGS, INC.

Principal Place of Business POST OFFICE BOX 151614 TAMPA FL 33684 Mailing Address P. O. BOX 152433 TAMPA FL 33684-2433 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/21/1997 4. FEI Number 59-3483868 Applied For 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 OHALL, CARL J. E 305 S. BREVARD AVE SUITE 1 TAMPA FL 33606 10. Name and Address of New Registered Agent 81 Name Neil S. Schecht 82 Street Address 3426 W. Kennedy Blvd. 83 84 City Tampa FL 85 Zip Code 33609

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: [Signature] Neil S. Schecht DATE: 2-9-99

Table with 2 main columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Delete, Change, and Addition.

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] Charlene M. Lagenbach DATE: 04/27/99 813-931-1800 250-950

CR2E034 (1/98)