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Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90029 006 ***150.00

UNPROCESSED

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000025861

1. Corporation Name
STONEHEDGE REALTY, INC.



Principal Place of Business 39820 US HIGHWAY 19 NORTH TARPON SPRINGS FL 34689	Mailing Address 39820 US HIGHWAY 19 NORTH TARPON SPRINGS FL 34689
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 03/18/1998	
4. FEI Number 59-3502740	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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TEEVAN, RONALD P
 200 NORTH GARDEN AVENUE
 SUITE A
 CLEARWATER FL 33755**

10. Name and Address of New Registered Agent

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

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	D	<input checked="" type="checkbox"/> DELETE
NAME	VANATT, ROBERT	
STREET ADDRESS	39820 US HIGHWAY 19 NORTH, LOT 263	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, OLLEN	
STREET ADDRESS	39820 US HIGHWAY 19 NORTH, LOT 7	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STUMPF, WALTER	
STREET ADDRESS	39820 US HIGHWAY 19 NORTH, LOT 44	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEETEM, ART	
STREET ADDRESS	39820 US HIGHWAY 19 NORTH, LOT 25	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CASEY, LUCILLE	
STREET ADDRESS	39820 US HIGHWAY 19 NORTH, LOT 195	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGINNIS, DON	
STREET ADDRESS	39820 US HIGHWAY 19 NORTH, LOT 175	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kurtsell, Glen	
1.3 STREET ADDRESS	39820 US 19 North #230	
1.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kosloski, Linda	
4.3 STREET ADDRESS	39820 US 19 North #35	
4.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Gill, Donald	
5.3 STREET ADDRESS	39820 US 19 North #169	
5.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
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: Donald McGinnis Donald McGinnis, Pres. 3/8/99 727/934-7917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)