


**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90140 008 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000043458**

1. Corporation Name  
**STRATEGIC & TACTICAL ANALYSIS TEAM, INC.**



Principal Place of Business 100 E MADISON ST STE 102 TAMPA FL 33602	Mailing Address 100 E MADISON ST STE 102 TAMPA FL 33602
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>658 LAKE VILLAS DR.</b>		2a. Mailing Address 26 <b>658 LAKE VILLAS DR.</b>		3. Date Incorporated or Qualified <b>05/11/1998</b>	
22 Suite, Apt. #, etc. <b>ALTAMONTE SPRINGS, FL</b>		27 Suite, Apt. #, etc. <b>ALTAMONTE SPRINGS, FL</b>		4. FEI Number <b>59-3515371</b>	
23 City & State <b>ALTAMONTE SPRINGS, FL</b>		28 City & State <b>ALTAMONTE SPRINGS, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip <b>32701-4909</b>		29 Zip <b>32701-4909</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>USA</b>		Country <b>USA</b>		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 <b>HOFFMAN, TERRY</b> <b>100 E MADISON ST STE 102</b> <b>TAMPA FL 33602</b>			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable) <b>658 LAKE VILLAS DR.</b>		
83 City			84 City <b>ALTAMONTE SPRINGS FL</b>		
85 Zip Code <b>32701-4909</b>			86 Zip Code <b>32701-4909</b>		

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 Terry George Hoffman **TERRY GEORGE HOFFMAN** DATE **April 29, 1999**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PRES.</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PRES.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TERRY GEORGE HOFFMAN</b>		1.2 NAME <b>TERRY GEORGE HOFFMAN</b>	
STREET ADDRESS <b>658 LAKE VILLAS DR.</b>		1.3 STREET ADDRESS <b>658 LAKE VILLAS DR.</b>	
CITY-ST-ZIP <b>ALTAMONTE SPRINGS, FL 32701</b>		1.4 CITY-ST-ZIP <b>ALTAMONTE SPRINGS, FL 32701</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Terry George Hoffman **TERRY G. HOFFMAN** DATE **APRIL 29, 1999** 407-421-5446  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date County Phone 989-265-2200

CR2E034 (1/198)