


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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90026 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000063869
 1. Corporation Name
AMERIDUCT WORLDWIDE, INC.

Principal Place of Business 13160 RICKENBACKER PARKWAY FORT MYERS FL 33913	Mailing Address 13160 RICKENBACKER PARKWAY FORT MYERS FL 33913
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/21/1998	
21		26		4. FEI Number 59-352793	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip Country		29. Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JUNGERS, CARL 9315 WINDLAKE DRIVE FORT MYERS FL 33912				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL 85 Zip Code

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: *Carl Jungers* DATE: 1-28-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUNGERS, CARL	1.2 NAME	
STREET ADDRESS	13160 RICKENBACKER PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33913	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUNGERS, DANIEL	2.2 NAME	
STREET ADDRESS	13160 RICKENBACKER PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33913	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUNGERS, CARL JR.	3.2 NAME	VICE PRESIDENT CARL JUNGERS JR
STREET ADDRESS	13160 RICKENBACKER PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33913	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDNAREK, DAVID	4.2 NAME	SECRETARY & TREASURER DAVID BEDNAREK
STREET ADDRESS	13160 RICKENBACKER PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33913	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMIESON, PHIL	5.2 NAME	
STREET ADDRESS	13160 RICKENBACKER PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33913	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, MICHAEL	6.2 NAME	
STREET ADDRESS	13160 RICKENBACKER PARKWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33913	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 live empowers.

SIGNATURE: *David Bednarek* DATE: 1-28-99 DAYTIME PHONE #: 941-768-3371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)