


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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90066 010 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000094745**

1. Corporation Name  
**LE PASSE SIMPLE, INC.**

Principal Place of Business 105 SARASOTA QUAY, UNIT 205 SARASOTA FL 34236	Mailing Address 105 SARASOTA QUAY, UNIT 205 SARASOTA FL 34236
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>THE SARASOTA QUAY</b> Suite, Apt. #, etc. 22 <b>333 TAMiami TRAIL</b> City & State 23 <b>SARASOTA, FLORIDA</b> Zip Country 24 <b>34236</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>250 THE SARASOTA QUAY</b> Suite, Apt. #, etc. 27 City & State 28 <b>SARASOTA, FLORIDA</b> Zip Country 29 <b>34236</b> 30 <b>USA</b>		3. Date Incorporated or Qualified <b>11/03/1998</b>		4. FEI Number <b>65-0874494</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. Additional Fee Required <b>\$8.75</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>JAENSCH, P. CHRISTOPHER</b> 2198 MAIN STREET SARASOTA FL 34237				10. Name and Address of New Registered Agent 81 Name <b>Divna Djukic</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>449 Golden Gate Pointe</b> 83 84 City <b>Sarasota</b> FL 85 Zip Code <b>34236</b>			
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11. Pursuant to the provisions of Sections 607.0501 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]* DATE: **4.22.99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DJUKIC, DIVNA</b>	1.2 NAME	
STREET ADDRESS	<b>449 GOLDEN GATE POINTE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DJUKIC, SUZANA</b>	2.2 NAME	
STREET ADDRESS	<b>449 GOLDEN GATE POINTE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **DJUKIC, DIVNA** DATE: **4.16.99** DAYTIME PHONE: **(941) 952-3117**

CR2E034 (11/98)