

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 16, 1999 8:00 am
Secretary of State
 09-16-1999 90013 042 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000099845
 1. Corporation Name
PERSONAL GREENS, INC.



Principal Place of Business 3736 MUNDY RIDGE DRIVE SARASOTA FL 34233	Mailing Address 3736 MUNDY RIDGE DRIVE SARASOTA FL 34233
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DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
12/01/1998

2. Principal Place of Business 21 6231 MEDICI COURT Suite, Apt. #, etc. # 301 22 City & State SARASOTA, FL 23 Zip 34243 Country USA 24	2a. Mailing Address 26 6231 MEDICI COURT Suite, Apt. #, etc. # 301 27 City & State SARASOTA, FL 28 Zip 34243 Country USA 29
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4. FEI Number 65-0880406	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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 _____ 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	PD	<input type="checkbox"/> DELETE
NAME	SHEFFER, DAVID L	
STREET ADDRESS	3604 MUNDY RIDGE DRIVE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BUCHAN, JOHN W	
STREET ADDRESS	3604 MUNDY RIDGE DRIVE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCSTRAVICK, NEIL J	
STREET ADDRESS	3604 MUNDY RIDGE DRIVE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHEFFER, DAVID L	
1.3 STREET ADDRESS	6231 MEDICI COURT #301	
1.4 CITY-ST-ZIP	SARASOTA, FL 34243	
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	VICE PRESIDENT OPERATIONS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MCSTRAVICK, NEIL J	
3.3 STREET ADDRESS	3289 CHESHIRE LANE	
3.4 CITY-ST-ZIP	SARASOTA, FL 34237	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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.

SIGNATURE: **DAVID L SHEFFER** 9/14/99 (941) 355-3916

CR2E034 (5/99)