


FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90163 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000105625

1. Corporation Name
ATLANTIS-TRADING. COM, INC.



Principal Place of Business 1901-17 WEST BAY DR.,STE.238 LARGO FL 33770	Mailing Address 1901-17 WEST BAY DR.,STE.238 LARGO FL 33770
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date incorporated or Qualified 12/18/1998
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3567658	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip Country	29 Zip Country	30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

8. Name and Address of Current Registered Agent GRANT, J. STUART 1901-17 WEST BAY DR.,STE.238 LARGO FL 33770		10. Name and Address of New Registered Agent	
81 Name		JACKSON L. MORRIS	
82 Street Address (P.O. Box Number is Not Acceptable)		3116 W. NORTH "A" street	
83			
84 City		FL	85 Zip Code 33609

11. Pursuant to the provisions of Sections 607.0507 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: *(John S. Grant)* **JOHN S. GRANT** **PRESIDENT** 4/29/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON L. MORRIS	1.2 NAME	JACKSON L. MORRIS
STREET ADDRESS		1.3 STREET ADDRESS	1901-17 WEST BAY DR # 238
CITY-ST-ZIP		1.4 CITY-ST-ZIP	LARGO, FL 33770
TITLE	Director <input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RON L. MAILETT	2.2 NAME	RON L. MAILETT
STREET ADDRESS		2.3 STREET ADDRESS	1901-17 WEST BAY DR # 238
CITY-ST-ZIP		2.4 CITY-ST-ZIP	LARGO, FL 33770
TITLE	Director <input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KARI JOHNSON	3.2 NAME	KARI JOHNSON
STREET ADDRESS		3.3 STREET ADDRESS	1901-17 WEST BAY DR # 238
CITY-ST-ZIP		3.4 CITY-ST-ZIP	LARGO, FL 33770
TITLE	Director <input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN HOCKE	4.2 NAME	STEVEN HOCKE
STREET ADDRESS		4.3 STREET ADDRESS	1901-17 WEST BAY DR # 238
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LARGO, FL 33770
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Director, PRESIDENT, TREAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	J. STUART GRANT
STREET ADDRESS		5.3 STREET ADDRESS	1901-17 WEST BAY DR # 238
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LARGO, FL 33770
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: *(John S. Grant)* **JOHN S. GRANT** **STUART GRANT** (727) 560-5345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (11/98)