

**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).

0106233

<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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FILED

99 JUL -6 AM 10:07

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**DOCUMENT # S37005**  
 1. Corporation Name  
**160 SCARLET, INC.**

Principal Place of Business <b>160 SCARLET BLVD OLDSMAR FL 34677</b>	Mailing Address <b>160 SCARLET BLVD OLDSMAR FL 34677</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>25</b> Country	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>03/07/1991</b>	
<b>4.</b> FEI Number <b>65-0259590</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**  
**JACOBS, PAUL**  
~~12203 TWIN BRANCH ACRES RD~~  
~~TAMPA FL 33626~~

**10. Name and Address of New Registered Agent**

<b>81</b> Name	<b>JACOBS, PAUL</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	<b>160 SCARLET BLVD</b>
<b>83</b>	
<b>84</b> City	<b>OLDSMAR</b>
<b>85</b> Zip Code	<b>FL 34677</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

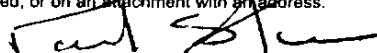
**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>JACOBS, PAUL</b>	
STREET ADDRESS	<b>12203 TWIN BRANCH ACRES</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JACOBS, CHARLES</b>	
STREET ADDRESS	<b>2548 DEER RUN EAST</b>	
CITY-ST-ZIP	<b>CLEARWAER FL</b>	
TITLE	<b>O</b>	<input type="checkbox"/> DELETE
NAME	<b>COOPER, BRENT</b>	
STREET ADDRESS	<b>15540 DONZI DR</b>	
CITY-ST-ZIP	<b>HUDSON FL 34687</b>	
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**

<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	
<b>1.3</b> STREET ADDRESS	
<b>1.4</b> CITY-ST-ZIP	
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	
<b>2.4</b> CITY-ST-ZIP	
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY-ST-ZIP	
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> 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: 

**02/27/99 90008 DD5 150.00 SP**  
 ORIGINAL DATE  
 3/19/99 7/2/99 813/854-5297

CR2E034 (5/99)

*the JACOBS GROUP, inc.*

160 SCARLET BOULEVARD • OLDSMAR, FLORIDA 34677 • (813) 854-5297 • FAX (813) 855-8821

July 2, 1999

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: 160 SCARLET, INC.  
160 SCARLET BLVD.  
OLDSMAR, FL 34677

REF. NUMBER: S37005

Please note the following:

1. January 27, 1999 - The original report and payment of \$150.00 was mailed.
2. March 8, 1999 - You sent notice that the report was not signed.
3. March 19, 1999 - We returned the report signed.
4. April 5, 1999 - You sent notice that the report had not been filed due to payment.
5. April 8, 1999 - We received our bank statement with our canceled check from your department.
6. April 8, 1999 - Called your office, spoke with Leslie, she said to disregard notice, she said check was credited to our account upon receipt of signed report.
7. June 30, 1999 - Received notice from your office that report had not been filed and corporation would be resolved in 60 days.
8. July 1, 1999 - Called your office, spoke with Kristen, was told report had not been filed, to sign paper again and return report to PO Box 6327, Tallahassee, FL 32314, and they would file report, but that it was shown as paid.

Enclosed again, is the signed report and a copy of the canceled check. If you should need any other information to finalize this matter, please do not hesitate to call.

Sincerely yours,



Paul S. Jacobs

PSJ:rsp

Enclosures