

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 24 1998 8:00am
 Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 587383 (1)
 1. Corporation Name
 NEW 201 CORPORATION



Principal Place of Business Mailing Address
 6400 46TH AVENUE NORTH, #108 6400 46TH AVENUE NORTH, #108
 KENNETH CITY FL 33709 KENNETH CITY FL 33709

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	2403 W. VINA DEL MAR BLVD	26	2403 W. VINA DEL MAR BLVD	09/25/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				59-1861076	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	
ST. PETERSBURG BEACH FL		ST. PETERSBURG BEACH FL		\$5.00 May Be Added to Fees	
24	33706	25	PINELLAS	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
28	33706	30	PINELLAS	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOSEPH DAVENPORT 6400 46TH AVE N #108 ST PETERSBURG FL 33709				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				JOSEPH DAVENPORT 2403 W. VINA DEL MAR BLVD			
				83			
				84	City	85	Zip Code
				ST. PETE BEACH FL		33706	

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: *J. P. Davenport, President* VIT/D *J. P. Davenport* 9/18/1998
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	P. SID; VIT/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVENPORT, JOSEPH			1.2 NAME	DAVENPORT, JOSEPH		
STREET ADDRESS	6400 46TH AVENUE NORTH, #108			1.3 STREET ADDRESS	2403 W. VINA DEL MAR BLVD		
CITY-ST-ZIP	KENNETH CITY FL 33709			1.4 CITY-ST-ZIP	ST. PETERSBURG BEACH FL 33706		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J. P. Davenport* 9/18/1998 813-3679813

CR2E034 (5/98)