


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

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 232451 (5)
1. Corporation Name
SALT N' SUN CO., INC.

Principal Place of Business 245 SOUTH MAITLAND AVENUE MAITLAND FL 32757	Mailing Address 245 SOUTH MAITLAND AVENUE MAITLAND FL 32757
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/22/1960	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0883447	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No

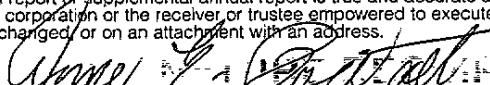
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PREVATT, ANNE E 631 LAKESHORE DRIVE MAITLAND FL				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85
					Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PREVATT, JAMES W., SR.			1.2 NAME			
STREET ADDRESS	631 LAKESHORE DRIVE			1.3 STREET ADDRESS			
CITY - ST - ZIP	MAITLAND FL			1.4 CITY - ST - ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		2.1 TITLE	President/Treas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PREVATT, ANNE E.			2.2 NAME			
STREET ADDRESS	631 LAKESHORE DRIVE			2.3 STREET ADDRESS			
CITY - ST - ZIP	MAITLAND FL			2.4 CITY - ST - ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PREVATT, JAMES W., JR.			3.2 NAME			
STREET ADDRESS	941 LAKE DEESON POINTE			3.3 STREET ADDRESS			
CITY - ST - ZIP	LAKELAND FL			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)(f), 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:  1/23/98

CR2E034 (10/97)