

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  
 21 2403 W. VINA DEL MAR BLVD 26 2403 W. VINA DEL MAR BLVD  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 27  
 City & State City & State  
 23 ST. PETERSBURG BEACH FL 28 ST. PETERSBURG BEACH FL  
 Zip Country Zip Country  
 24 33706 25 PINELLAS 29 33706 30 PINELLAS

3. Date Incorporated or Qualified  
 09/25/1978  
 4. FEI Number Applied For  
 59-1861076 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 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  
 JOSEPH DAVENPORT  
 6400 46TH AVE N #108  
 ST PETERSBURG FL 33709

10. Name and Address of New Registered Agent  
 81 Name  
 JOSEPH DAVENPORT  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 2403 W. VINA DEL MAR BLVD  
 83  
 84 City  
 ST. PETERS BEACH FL  
 85 Zip Code  
 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* VITO *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

TITLE	P	<input type="checkbox"/> DELETE
NAME	DAVENPORT, JOSEPH	
STREET ADDRESS	6400 46TH AVENUE NORTH, #108	
CITY-ST-ZIP	KENNETH CITY FL 33709	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P, SID; VITO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DAVENPORT, JOSEPH	
1.3 STREET ADDRESS	2403 W. VINA DEL MAR BLVD	
1.4 CITY-ST-ZIP	ST. PETERSBURG BEACH FL 33706	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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: *J. P. Davenport* 9/18/1998 813-3679813

CR2E034 (5/98)