

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

Principal Place of Business 6400 46TH AVENUE NORTH, #108 KENNETH CITY FL 33709	Mailing Address 6400 46TH AVENUE NORTH, #108 KENNETH CITY FL 33709
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2403 W. VINA Del MAR Blvd Suite, Apt. #, etc. 22 City & State 23 ST. PETERSBURG Beach FL Zip Country 24 33706 25 PINELLAS		2a. Mailing Address 26 2403 W. VINA Del MAR Blvd Suite, Apt. #, etc. 27 City & State 28 ST. PETERSBURG Beach FL Zip Country 29 33706 30 PINELLAS		3. Date Incorporated or Qualified 09/25/1978	
		4. FEI Number 59-1861076		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 the 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. S/D; VITO	<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)