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

(1)

PROFIT CORPORATION ANNUAL REPORT 1999

98-99 AR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUN -2 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 614387

1. Corporation Name
North Lagoon Enterprises, Inc.

Principal Place of Business
10279 W. ALT. HWY 98
Panama City Beach
Fl. 32407

Mailing Address
P.O. Box 27
Forsyth, Ga
31029
U.S.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite 3
22 P.C. Beach Fl.
23
24 Zip 32407 25 County Bay Co.

2a. Mailing Address
26 P.O. Box 27
27
28 City & State Forsyth, Ga
29 Zip 31029 30 Country U.S.

3. Date Incorporated or Qualifod 3/29/1979

4. FEI Number 59-0673595 [ ] Applied For [ ] 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 the current year Intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
81 Name Charles E. Collins + bills
82 Street Address (P.O. Box Number is Not Acceptable) P.O. Box 27 (mail address secured)
83
84 City Forsyth, Ga. 31029 - USA

10. Name and Address of New Registered Agent
Charles E. Collins
8501 N. Lagoon Dr #107
Panama City Beach, Fl.
(Street Address) FL 85 Zip Code 32408

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 Charles E Collins CHARLES E. COLLINS 4/26/99
(signature, typed or printed name of registered agent and title if applicable) (NOTE: A Registered Agent signature required where noted) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	Pres. Treas. Director
NAME	CHARLES E. COLLINS
STREET ADDRESS	10279 W. ALT. HWY. 98
CITY-ST-ZIP	P.C. Beach Fl. 32407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	V-PRES SEC. DIR
NAME	E. DENISE COLLINS
STREET ADDRESS	10279 W. ALT. HWY. 98
CITY-ST-ZIP	Pan. City Bch. FL 32407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	800002902828--1
12 NAME	-06/14/99--01006--002
13 STREET ADDRESS	****300.00 ****300.00
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

[ ] Change [ ] Addition

CR2E034 (11/98)

98-99 AR: TS

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, with all other like empowered.

SIGNATURE Charles E Collins CHARLES E. COLLINS PRES. 850-233-6667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Panama City Beach, Fl.
April 26, 1999

Secretary of State of Florida
Reinstatement Division
P.O. Box 6327
Tallahassee, Fl.

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Dear Secretary:

We did not receive any of the papers in 1998 for the annual report, or about the admin. dissolution. The mail was dropped in the mail slot at the 32407 address, but was ruined by blowing rain water, we discovered this week. The mail was never reported or forwarded to me at other bookkeeping addresses.

I am following instructions from a call made today to the Reinstatement Division. A check for $300.00 is enclosed, per instructions. Please send any forms I need to complete to: North Lagoon Enterprises, Inc.
Charles E. Collins, Pres.
P.O. Box 27
Forsyth, Ga. 31029

(3)

I am the Resident Agent at 8501 North Lagoon Dr, Apt. 107, and at 10279 W. Alt. Hwy 98, P.C. Beach. Fl. I request the corporate forms and correspondence come to my other bookkeeping office at:

N.L.E. Inc.
Charles E. Collins Pres,
P.O. Box 27
Forsyth, Ga. 31029

All this information will be filled in completely when I receive the annual report (or reinstatement appl.) at the above address.

Thank you for all courtesies and help received by your staff today.

Sincerely,
Charles Collins