


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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90032 047 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 647231

1. Corporation Name
EKG, INC.



Principal Place of Business
25654 SE 154TH ST
UMATILLA FL 32784
US

Mailing Address
POB 399
ALTOONA FL 32702
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 ROGER FOOTE, INC. Suite, Apt. #, etc. 22 709 W. OAK RIDGE City & State 23 ORLANDO, FL Zip 24 32859-0211	25 USA	2a. Mailing Address 26 ROGER A. FOOTE, INC. Suite, Apt. #, etc. 27 P.O. BOX 590211 City & State 28 ORLANDO, FL Zip 29 32859-0211	30 USA
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3. Date Incorporated or Qualified 12/05/1979	4. FEI Number 59-2530564	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

GORDON, EVELYN
27129 ROBERTSON RD.
YALAHUA FL 34797

10. Name and Address of New Registered Agent

81 Name Roger A. Foote	85 Zip Code 32809
82 Street Address (P.O. Box Number is Not Acceptable) 709 W. Oak Ridge Rd.	
83	
84 City Orlando	FL

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 Roger A. Foote

Roger A. Foote

012999

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	PD	<input type="checkbox"/> DELETE
NAME	GORDON, EVELYN (ADAM)	
STREET ADDRESS	POB 399	
CITY-ST-ZIP	ALTOONA FL 32702	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOYCE, MARY A.	
STREET ADDRESS	POB 399	
CITY-ST-ZIP	ALTOONA FL 32702	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	P.O. BOX 1128
1.4 CITY-ST-ZIP	WHITTIER, NC 28789
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	P.O. BOX 1128
2.4 CITY-ST-ZIP	WHITTIER, NC 28789
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, with all other like empowered.

SIGNATURE *Pres Evelyn Gordon* - Evelyn Gordon - 1/24/99 828-586-6589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President

CR2E034 (11/98)