


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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90063 039 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F74780 1. Corporation Name FOURTH STREET S., INC.					
Principal Place of Business 1427 FOURTH STREET SOUTH ST PETERSBURG FL 33701			Mailing Address 1427 FOURTH STREET SOUTH ST PETERSBURG FL 33701		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 03/25/1982	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2180977	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent BACCARELLA, DOMINIC J 4144 N ARMENIA SUITE 210 TAMPA FL 33607				10. Name and Address of New Registered Agent 81 Name HERMAN REITMAN 82 Street Address (P.O. Box Number is Not Acceptable) 4910C NW 4TH STREET 83 84 City DELRAY BEACH FL 85 Zip Code 33445	
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 <u>Herman Reitman</u> - HERMAN REITMAN 4-30-99 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P <input checked="" type="checkbox"/> DELETE			1.1 TITLE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME ACE, MYRON L			1.2 NAME THOMAS SHERWOOD		
STREET ADDRESS 14524 RIVERSIDE DRIVE			1.3 STREET ADDRESS 680 MIDDLETOWN BOULEVARD, SUITE 101		
CITY-ST-ZIP FORT MYERS FL			1.4 CITY-ST-ZIP LANGHORNE, PA 19047		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			2.2 NAME GARY REITMAN		
STREET ADDRESS			2.3 STREET ADDRESS 680 MIDDLETOWN BOULEVARD, SUITE 101		
CITY-ST-ZIP			2.4 CITY-ST-ZIP LANGHORNE, PA 19047		
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, with all other like empowered.

SIGNATURE: Gary Reitman **GARY REITMAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 **215 722-6484**
Date Daytime Phone #

CR2924 (11/98)