


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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90124 046 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000005909**

1. Corporation Name  
**SOCORRO ENTERPRISES INC.**



Principal Place of Business 69 TEAK RUN Ocala FL 34472	Mailing Address 69 TEAK RUN Ocala FL 34472
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>10 Locust Run Crse.</b>	2a. Mailing Address 26 <b>10 Locust Run Course</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>Ocala, FL</b>	28 City & State <b>Ocala, FL</b>
24 Zip <b>34472</b>	25 Country <b>MARION</b>
29 Zip <b>34472</b>	30 Country <b>MARION</b>

3. Date Incorporated or Qualified <b>12/05/1995</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-3335874</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**DOOD, DOROTHY M**  
**69 TEAK RUN**  
**OCALA FL 34472**

10. Name and Address of New Registered Agent

81 Name  
**Dood, Dorothy M.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**10 Locust Run Course**

83

84 City  
**Ocala** FL 85 Zip Code  
**34472**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>PST</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DOOD, DOROTHY</b>		1.2 NAME <b>Dood, Dorothy</b>
STREET ADDRESS <b>69 TEAK RUN</b>		1.3 STREET ADDRESS <b>10 Locust Run Course</b>
CITY-ST-ZIP <b>OCALA FL 34472</b>		1.4 CITY-ST-ZIP <b>Ocala, FL 34472</b>
TITLE <b>DC</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>DC</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DOOD, DOROTHY</b>		2.2 NAME <b>Dood Dorothy</b>
STREET ADDRESS <b>69 TEAK RUN</b>		2.3 STREET ADDRESS <b>10 Locust Run Course</b>
CITY-ST-ZIP <b>OCALA FL 34472</b>		2.4 CITY-ST-ZIP <b>Ocala FL 34472</b>
TITLE <b>VDC</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>V DC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CUMBERLIDGE, JOE</b>		3.2 NAME <b>Cumber ledge, Joe</b>
STREET ADDRESS <b>69 TEAK RUN</b>		3.3 STREET ADDRESS <b>10 Locust Run Course</b>
CITY-ST-ZIP <b>OCALA FL 34472</b>		3.4 CITY-ST-ZIP <b>Ocala, FL 34472</b>
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: \_\_\_\_\_ DATE: **April 21** DAYTIME PHONE: **352-687-1144**

CR2E034 (11/98)