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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90144 029 ***150.00

0562259

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # F97000003110

1. Corporation Name
MEGA GUIDANCE ASSOCIATES, INC.



Principal Place of Business 3956 TOWN CENTER BLVD. #175 ORLANDO FL 32837	Mailing Address 3956 TOWN CENTER BLVD. #175 ORLANDO FL 32837
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DO NOT WRITE IN THIS SPACE

2 Principal Place of Business	2a Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3 Date Incorporated or Qualified 06/13/1997	Applied For Not Applicable
4 FEI Number 54-1062151	
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FITZGERALD, A. EUGENE
5402 SCARINGTON CT E
ORLANDO FL 32821

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	CV	<input type="checkbox"/> DELETE
NAME	FITZGERALD, A. EUGENE	
STREET ADDRESS	5402 SCARINGTON CT E	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	CP	<input type="checkbox"/> DELETE
NAME	FITZGERALD, LINDA	
STREET ADDRESS	5402 SCARINGTON CT E	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENDALL, KAY	
STREET ADDRESS	1400 GREYCOURT AVE.	
CITY-ST-ZIP	RICHMOND VA 23227	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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: *Linda W. Fitzgerald* **LINDA W. FITZGERALD** PRESIDENT **2-29-99** **239-2542-409**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (1/98)