


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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90027 014 ***150.00

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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 # F97000005174

1. Corporation Name
CHROMATIX SOUTH, INC.

Principal Place of Business 10451 TWIN RIVERS RD., #265 COLUMBIA MD 21044	Mailing Address 10451 TWIN RIVERS RD., #265 COLUMBIA MD 21044
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/02/1997	
4. FEI Number 52-1578676	Applied For <input type="checkbox"/> Not Applicable
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 checked="" type="checkbox"/> No

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

9. Name and Address of Current Registered Agent GOYETTE, DAVID R 8664 ETHANS GLEN TERRACE JACKSONVILLE FL 32256	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLANSO, TOM	1.2 NAME	
STREET ADDRESS	1780 PAINTED BUNTING CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORVATH, DAVE	2.2 NAME	
STREET ADDRESS	10451 TWIN RIVERS RD., #265	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD 21044	2.4 CITY-ST-ZIP	
TITLE	TDC <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, STEVE	3.2 NAME	
STREET ADDRESS	10451 TWIN RIVERS RD., #265	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD 21044	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLANSO, ROCHELE	4.2 NAME	
STREET ADDRESS	1780 PAINTED BUNTING CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLANSO, THOMAS	5.2 NAME	
STREET ADDRESS	1780 PAINTED BUNTING CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	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: *Steve Peterson* **REQUIRED** VP 14 Apr 99 (301) 596-8466
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #