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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Kather ne Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G14440			
1. Corporation Name STEVE M. KETOVER, C.P.A., P.A.			
Principal Place of Business 351 S CYPRESS ROAD #410 POMPANO BEACH FL 33060 US		Mailing Address 351 S CYPRESS ROAD #410 POMPANO BEACH FL 33060 US	
2. Principal Place of Business 21 401 Sawgrass Corporate Parkway Suite, Apt. #, etc.		2a. Mailing Address 27 Suite, Apt. #, etc.	
22 City & State 23 Sunrise Florida		28 City & State	
24 Zip 33325 Country Broward		29 Zip Country 30	
9. Name and Address of Current Registered Agent KETOVER, STEVE M. 351 SOUTH CYPRESS RD, #410 POMPANO BEACH FL 33060			
10. Name and Address of New Registered Agent 81 Name Steve M. Ketover 82 Street Address (P.O. Box Number is Not Acceptable) 401 Sawgrass Corporate Parkway 83 84 City Sunrise FL 85 Zip Code 33325			
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 Steve M. Ketover Date 4/26/99 (Signature, typed or printed name of registered agent and title if applicable. (NOT E: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP NAME KETOVER, STEVE M STREET ADDRESS 351 SOUTH CYPRESS ROAD, #410 CITY-ST-ZIP POMPANO BEACH FL 33060		1.1 TITLE DP 1.2 NAME Steve M. Ketover 1.3 STREET ADDRESS 401 Sawgrass Corporate Parkway 1.4 CITY-ST-ZIP Sunrise, Florida 33325	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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: Steve M. Ketover Date 4/26/99 954-845-8990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)