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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **G15954**

1. Corporation Name
6/10 CORPORATION

Principal Place of Business
 P O BOX 7378
 SUITE 310
 WINTER HAVEN FL 33883

Mailing Address
 P O BOX 7378
 SUITE 310
 WINTER HAVEN FL 33883

DO NOT WRITE IN THIS SPACE



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/30/1982	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2244598	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	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				10. Name and Address of New Registered Agent			
STRANG, CARL J III 519 AVE. B, NW WINTER HAVEN FL 33882				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	P	DELETED		1.1 TITLE		Change	Addition
NAME	STRANG, CARL J III			1.2 NAME			
STREET ADDRESS	519 AVE. B, NW			1.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL			1.4 CITY-ST-ZIP			
TITLE	COB	DELETED		2.1 TITLE		Change	Addition
NAME	STRANG, CARL J JR			2.2 NAME			
STREET ADDRESS	D1050 W LAKE OTIS DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL			2.4 CITY-ST-ZIP			
TITLE	V	DELETED		3.1 TITLE		Change	Addition
NAME	WILSON, KERRY			3.2 NAME			
STREET ADDRESS	PO BOX 7608 NA			3.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL			3.4 CITY-ST-ZIP			
TITLE	V	DELETED		4.1 TITLE		Change	Addition
NAME	BOGDahn, JOSEPH			4.2 NAME			
STREET ADDRESS	PO BOX 7378 NA			4.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL			4.4 CITY-ST-ZIP			
TITLE		DELETED		5.1 TITLE		Change	Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETED		6.1 TITLE		Change	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: 3/4/99 DAYTIME PHONE #: 299-1195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)