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May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G39131 (9)
1. Corporation Name
PLSTED, INC.

Principal Place of Business Mailing Address
P. O. BOX 277 P. O. BOX 277
EVERGLADES CITY FL 33929 EVERGLADES CITY FL 33929
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 410 Storter Ave.		26 P.O. Box 277		04/26/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 City & State		27 City & State		59-2311292	
23 Everglades City, FL		28 Everglades City, FL		Applied For	
Zip Country		Zip Country		Not Applicable	
24 34139 25 US		29 34139 30 US		5. Certificate of Status Desired	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		8.75 Additional Fee Required	

REEVES, EVERETT
410 STORTER AVENUE
EVERGLADES CITY FL 33929

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETED		1.1 TITLE	Change	Addition	
NAME	REEVES, EVERETT			1.2 NAME			
STREET ADDRESS	410 STORTER AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	EVERGLADES CITY FL 34139			1.4 CITY-ST-ZIP			
TITLE	ST	DELETED		2.1 TITLE	Change	Addition	
NAME	REEVES, PAULINE			2.2 NAME			
STREET ADDRESS	410 STORTER AVENUE			2.3 STREET ADDRESS			
CITY-ST-ZIP	EVERGLADES CITY FL 34139			2.4 CITY-ST-ZIP			
TITLE		DELETED		3.1 TITLE	Change	Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		DELETED		4.1 TITLE	Change	Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE: EVERETT REEVES *Everett Reeves* 4/30/98 941-695-2403

CR2E034 (10/97)