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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G50525					
1. Corporation Name ARAGON ENTERPRISES, INC.					
Principal Place of Business 50 S. E ST. STE 25 B PENSACOLA FL 32501 US			Mailing Address P.O. BOX 17123 PENSACOLA FL 32522-7123 US		
2. Principal Place of Business 21 335 DEER POINT DR Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 1433 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/20/1983	
22		27		4. FEI Number 59-2361195 Applied For Not Applicable	
23 Gulf Breeze, FL City & State		28 Gulf Breeze, FL City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 32501 Zip Country		29 32502 30 US Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MARSHA C. BROWN 335 DEER POINT DR. GULF BREEZE FL 32561			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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: <i>Marsha C. Brown</i> DATE: 2/3/99 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P NAME BROWN, MARSHA C STREET ADDRESS 50 S. E ST. CITY-ST-ZIP PENSACOLA FL			1.1 TITLE P 1.2 NAME MARSHA C. BROWN 1.3 STREET ADDRESS 335 DEER POINT DR. 1.4 CITY-ST-ZIP Gulf Breeze, FL 32561		
TITLE ST NAME CREEL, W.T. STREET ADDRESS 7510 PONTIAC DR. CITY-ST-ZIP PENSACOLA FL			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		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)