

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H91318 (6)
1. Corporation Name
FEDWELL, INC.

Principal Place of Business 5055 OAKHILL LANE #214 DELRAY BEACH FL 33484	Mailing Address 5055 OAKHILL LANE #214 DELRAY BEACH FL 33484
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/23/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2612715	
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 or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BRAMHALL, DOREEN
1014 LEWIS COVE
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81	Name Philip H. Friedland CPA
82	Street Address (P.O. Box Number is Not Acceptable) 1499 W Palmetto Pk Rd
83	Suite 416
84	City Boca Raton
85	Zip Code 33486

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 *Philip H. Friedland*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *8/19/98*

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	COYLE, STATES W.	
STREET ADDRESS	405 114TH AVE. S.E.	
CITY-ST-ZIP	BELLEVUE WA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Philip H. Friedland* PHILIP H. FRIEDLAND, CPA
8/16/98 561-394-7497

CR2E034 (5/98)



**PHILIP H.
FRIEDLAND**
C.P.A., P.A. Certified Public Accountants

Philip H. Friedland, C.P.A.

Deborah L. Schulz, C.P.A.

(2)

July 17, 1998

Florida Department of State
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Certified Mail #:Z 282 101 219

Gentlemen:

I called the Florida Department of Annual Reports on July 16, 1998 and was instructed to write this letter.

In 1997, the shareholder, States Coyle who lives in Bellevue, Washington, wrote to the Florida Department of State and requested that the mailing address be changed to his sister - Doreen Bramhall. Instead, the address was changed to his parents - at 5055 Oakhill Lane, #214, Delray Beach, FL 33484-8309. His father is 85 years of age, and his mother is 83. They do not recall ever seeing a 1st notice - but they are forgetful. I am requesting a name change to my office for all future years to resolve this problem. I will pay his fee annually and invoice Fedwell, Inc. - which is also a dormant Corporation.

Thus enclosed is the annual report, my check in the amount of \$150.

I ask that you kindly abate the penalty, and mail all future mailings to my office.

Very truly yours,

Philip H. Friedland, C.P.A.

cc: States Coyle