


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90042 018 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J83117**

1. Corporation Name  
**PLYMOUTH DEVELOPMENT CORPORATION UNLIMITED**

Principal Place of Business 1165 ELDRIDGE STREET CLEARWATER FL 33755 US	Mailing Address 1165 ELDRIDGE STREET CLEARWATER FL 33755 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 <b>13902 N. DALE MARY HWY</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <b>106</b>
City & State 23	City & State 28 <b>TAMPA FL</b>
Zip 24	Country 25
Country 25	Zip 29 <b>33618</b>
	Country 30

3. Date Incorporated or Qualified <b>07/17/1987</b>	
4. FEI Number <b>59-2846729</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BLAESER, JOHN A**  
**1165 ELDRIDGE STREET**  
**CLEARWATER FL 33755**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>13902 N. DALE MARY HWY</b>
83	<b>SUITE 106</b>
84 City	<b>TAMPA</b>
85 Zip Code	<b>FL 33618</b>

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: John Blaser 3/29/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>BLAESER, JAMES A</b>	
STREET ADDRESS	<b>1165 ELDRIDGE DT</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	<b>DEVINE, DAVID W</b>	
STREET ADDRESS	<b>1165 ELDRIDGE STREET</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>BLAESER, JOHN A</b>	
STREET ADDRESS	<b>1165 ELDRIDGE STREET</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>13902 N. DALE MARY HWY #106</b>
1.4 CITY-ST-ZIP	<b>TAMPA FL 33618</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>13902 N. DALE MARY HWY #106</b>
2.4 CITY-ST-ZIP	<b>TAMPA FL 33618</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>13902 N. DALE MARY HWY #106</b>
3.4 CITY-ST-ZIP	<b>TAMPA FL 33618</b>
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, with all other like empowered.

SIGNATURE: John Blaser 3/29/99 813-960-0544  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)