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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90088 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K03808			
1. Corporation Name HENRY FLACK INTERNATIONAL, INC.			
Principal Place of Business C/O ANTHONY D. BARTIROME 2 N TAMiami TRAIL STE 408 SARASOTA FL 34236 US		Mailing Address C/O ANTHONY D. BARTIROME 2 N TAMiami TRAIL STE 408 SARASOTA FL 34236 US	
2. Principal Place of Business 21 P O Box 865110		2a. Mailing Address 26 601 Glenview Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State 23 Plano, Tx 75086		City & State 28 Garland, Tx	
Zip 24 75086		Country 25 USA	
Country 29 75040		Country 30 USA	
9. Name and Address of Current Registered Agent BARTIROME, ANTHONY D. 2 N TAMiami TRAIL STE 408 SARASOTA FL 34236		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 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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLLOM, J.W.	1.2 NAME	
STREET ADDRESS	16 FOREST RIDGE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KESTON, KENT ENGLAND	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEMPHILL, E	2.2 NAME	
STREET ADDRESS	4 HIGHGROVE CLOSE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHISLEHURST, KENT, ENGLAND	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLLOM, MARTIN PATRICK	3.2 NAME	
STREET ADDRESS	5 WHITCROFT WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BECKENHAM KE	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, ALISTAIR G	4.2 NAME	
STREET ADDRESS	42 BOWES WOOD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ASH GREEN, KENT, ENGLAND	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Alistair Robertson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 14 1999 972-867-5677
Date Daytime Phone #

CR2F034 (11/98)