

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K43802

1. Corporation Name
THE ETTMAN GROUP, INC.

Principal Place of Business
296 E. EAU GALLIE CAUSEWAY
INDIAN HARBOUR BEACH FL 32937

Mailing Address
296 E. EAU GALLIE CAUSEWAY
INDIAN HARBOUR BEACH FL 32937

2. Principal Place of Business

21 1000 N. Wickham Road
Suite, Apt. #, etc.
22 Inside Walmart
City & State
23 Melbourne FL
Zip Country
24 32935 25 USA

2a. Mailing Address

26 1000 N. Wickham Road
Suite, Apt. #, etc.
27 Inside Walmart
City & State
28 Melbourne FL
Zip Country
29 32935 30 USA

3. Name and Address of Current Registered Agent

ETTMAN, DANIEL L
296 E. EAU GALLIE CAUSEWAY
INDIAN HARBOUR BEACH FL 32937

81 Name ETTMAN, DANIEL L.
82 Street Address (P.O. Box Number, if acceptable) 1000 N. Wickham Road
83 Inside Wal-Mart
84 City Melbourne FL 85 Zip Code 32935

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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent or principal officer and the applicable

Print Name and Address of Corporation

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PSTD	ETTMAN, DANIEL L	296 E. EAU GALLIE CAUSEWAY	INDIAN HARBOUR BEACH FL 32937
PSTD	ETTMAN, DANIEL L.	1000 N. Wickham Road Inside Wal-Mart	Melbourne FL 32935

13.

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

*****2875528-00
-05/14/99--00065--003
*****450.00 *****150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 139.07(5)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99 407-777-7444

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