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

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90170 050 ***150.00

DOCUMENT # K50277 1. Corporat on Name

PRIAPUS CORPORATION

Principal Place of Business Mailing Address						
C/O MILDRED			C/O MILDRED W. BAILEY			
714 WEST JEFF			4 WEST JEFFERSON ST.			DO NOT WRITE IN THIS SPACE
BROOKSVILLE FL 34601 BROOKSVILLE FL 34601						3. Date Incorporated or Qualifed
						12/09/1988
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-2931139 Not Applicable
Suite, A _f t.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Acditional	
22		27			Fee Required	
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be	
23		Zip Country			Trust F and Contribution Added to Fees	
Zip				ntry		8. This corporation owes the current year I stangible Person I Property Tax. Yes []No
24	25	29	30	_		Person al Property Tax. Yes LUNO 10. Name and Address of New Registere 1 Agent
	9. Name and Add ess of Curre	nt Registered Agent		81	Name	10. Name and Adoress of New Registere a Agent
HAS	EY, MILDRED W.		!	"	Name	
714 WEST JEFFERSON ST.				82	Street Ad	Address (P.O. Box Number is Not Acceptable)
	OKSVILLE FL 34601					
DNO	OKSVILLE I E STOOT			83		
				84	City	85 Zip Code
						FL 3 2 5 7 7 7 7 7 7 7 7 7
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Stati	utes, the al	bove	-named co	corporation submits this statement for the purpose of changing its registered pration's board of cirectors. I hereby accept the appointment as registered
agent. La	m familiar with, and accept the oblig-	ations of, Section 607.0505, F	lorida Stati	utes.	ine dorpore	remaind board of choosales words y accept the approximation of
SIGNATURE						
01017110112	Signature, typed or printed na ne of registered age	<u> </u>		Agent	l signature requ	equired when reinstating) DATE
12.		NO DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOFS IN 12 ☐ Change ☐ Addition
TITLE	DP	☐ DELETE	1.1 111			Change Addition
NAME	BAILEY, ALAN A.		1.2 N/	ME		
STREET ADDRESS			1.3 ST	REET	ADDRESS	
CITY-ST-ZIP	NEW YORK NY			TY-ST	-ZIP	
TITLE	S	☐ DELETE	2.1 TI	2.1 TITLE		☐ Change ☐ Addition
NAME	BAILEY, MILDRED W.		2.2 N	2.2 NAME		
STREET ADDRESS	714 W. JEFFERSON ST.	W. JEFFERSON ST. 23		REET	ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	OOKSVILLE FL 2.		ITY-S	T-ZIP	
TITLE	T	☐ DELETE	3.1 TI	ſΈ		☐ Change ☐ Addition
NAME	CRULEY, LEE ANN		3.2 N	ME		
STREET ADDRESS			3.3 ST	REET	ADDRESS	
CITY-ST-ZIP	BRADENTON FL		3.4. C	ITY-S	T-ZIP	
TITLE	V	☐ DELETE	4.1 TC	πE		☐ Change ☐ Addition
NAME	BAILEY, GARRY W		4, 2 N	AME		
STREET ADDRESS	TALL BEFFERNON OF		4.3 S1	REET	ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL		4.4 CF	TY-\$T	r-ZiP	
TITLE		☐ DELETE	5,1 TI	ΠLE		☐ Change ☐ Addition
NAME	1		5.2 N	ME	į	
STREET ADDRESS	ļ		5.3 ST	TREET	ADDRESS	
CITY-ST-ZIP	1		5 4 CI	TY-ST	r-ZIP	
TITLE		☐ DELETE	61 TI	TLE		☐ Change ☐ Addition
NAME		·	6.2 N/	ME	ļ	
PERFECT ADDRESS			6.3 \$1	REET	ADDRESS	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 '(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.

6.4 CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR