

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

FILED
Apr 21 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 # K66815 (7)

1. Corporation Name
FECTEAU ENTERPRISES, INC.

Principal Place of Business %TIMOTHY M. FECTEAU 2542 SWANSON AVENUE COCONUT GROVE FL 33133	Mailing Address %TIMOTHY M. FECTEAU 2542 SWANSON AVENUE COCONUT GROVE FL 33133
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/10/1989
21. Suite, Apt #, etc.	22. City & State	26. Suite, Apt #, etc.	27. City & State	4. FEI Number 65-0108359
23. Zip	25. Country	28. Zip	29. Country	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. 9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
FECTEAU, TIMOTHY M. 2542 SWANSON AVENUE COCONUT GROVE FL 33133		81. Name	<input type="checkbox"/> \$5.00 May Be Added to Fees 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		82. Street Address (P.O. Box Number is Not Acceptable)		
		83.		
		84. City		
		85. Zip Code	FL	

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FECTEAU, TIMOTHY M.	1.2 NAME	
STREET ADDRESS	2542 SWANSON AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FECTEAU, LYNN E.	2.2 NAME	
STREET ADDRESS	2542 SWANSON AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Timothy M. Fecteau* **TIMOTHY M. FECTEAU**
 2/9/98 14305-854-089

CR2E034 (10/97)