

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

FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K80381 (2)
1. Corporation Name
MESSAGE BY DAVID, INC.



Principal Place of Business Mailing Address
10008 ORCHID SPRINGS DR.
WINTER HAVEN FL 33884 10008 ORCHID SPRINGS DR.
WINTER HAVEN FL 33884

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/06/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2943122	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STEWART, DAVID F. 128 AUDUBON RD WINTER HAVEN FL 33884		81 Name SAME	
		82 Street Address (P.O. Box Number is Not Acceptable) 315 LAKE MARIAM BLVD.	
		83 WINTER HAVEN	
		84 City	
		FL 85 Zip Code 33884	

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	PSD
NAME	STEWART, DAVID F.	1.2 NAME	STEWART, DAVID F.
STREET ADDRESS	128 AUDUBON ROAD	1.3 STREET ADDRESS	315 LAKE MARIAM BLVD.
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	WINTER HAVEN, FL. 33884
TITLE	VT	2.1 TITLE	VT
NAME	STEWART, ANNA	2.2 NAME	STEWART, ANNA
STREET ADDRESS	128 AUDUBON ROAD	2.3 STREET ADDRESS	315 LAKE MARIAM BLVD.
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	WINTER HAVEN, FL. 33884
TITLE	ADD	3.1 TITLE	
NAME	STEWART, DAVID F.	3.2 NAME	
STREET ADDRESS	315 LAKE MARIAM BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	3.4 CITY-ST-ZIP	
TITLE	VT	4.1 TITLE	
NAME	STEWART, ANNA	4.2 NAME	
STREET ADDRESS	315 LAKE MARIAM BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL. 33884	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *[Signature]* 1-9-98 941-325-9211

CR2E034 (10/97)