


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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90196 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L25396			
1. Corporation Name UPDATERS, INC.			
Principal Place of Business %CHARLOTTE SIMON 2451 BRICKELL AVE., STE. 10-G MIAMI FL 33129		Mailing Address %CHARLOTTE SIMON 2451 BRICKELL AVE., STE. 10-G MIAMI FL 33129	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip Country 24 25		Zip Country 29 30	
9. Name and Address of Current Registered Agent SIMON, CHARLOTTE 2451 BRICKELL AVENUE SUITE 10-G MIAMI FL 33129		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	DP <input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	SIMON, CHARLOTTE B.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2451 BRICKELL AVE., 10-G	1.2 NAME	
CITY-ST-ZIP	MIAMI FL	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, ANDREW G	2.2 NAME	
STREET ADDRESS	124 STONEBRIDGE DR. 12615 Moore's Mill Rd Huntersville, NC	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOWARD'S GROVE WI 28078	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EASTHAM, KATHI S	3.2 NAME	
STREET ADDRESS	9300 SW 104TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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, with all other like empowered.

SIGNATURE: Charlotte B. Simon President 4/21/99 305-836-4159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #