

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

FILED
May 05 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 # **L56009** (8)
1. Corporation Name
IN LIMBO, INC.

Principal Place of Business
**82741 OVERSEAS HWY
ISLAMORADA FL 33036
US**

Mailing Address
**POST OFFICE BOX 835
ISLAMORADA FL 33036
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 PO BOX 3252		03/05/1990	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 KEY LARGO		65-0198550	
24 Country		29 33037		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30 USA		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			
PERRI, STEVE 82765 OVERSEAS HIGHWAY ISLAMORADA FL 33036				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		Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS							
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
	PD	PERRI, STEVE	82741 OVERSEAS HWY ISLAMORADA FL	1.1 TITLE	PD		
	ST	PERRI, STEVE	82741 OVERSEAS HWY ISLAMORADA FL	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
	VD	PERRI, ROSA MERCEDES	82741 OVERSEAS HWY ISLAMORADA FL	1.3 STREET ADDRESS			
				1.4 CITY-ST-ZIP			
				2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
				2.2 NAME			
				2.3 STREET ADDRESS			
				2.4 CITY-ST-ZIP			
				3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
				3.2 NAME			
				3.3 STREET ADDRESS			
				3.4 CITY-ST-ZIP			
				4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
				4.2 NAME			
				4.3 STREET ADDRESS			
				4.4 CITY-ST-ZIP			
				5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
				5.2 NAME			
				5.3 STREET ADDRESS			
				5.4 CITY-ST-ZIP			
				6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
				6.2 NAME			
				6.3 STREET ADDRESS			
				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: *Sandra B. Mortham* **APR 24 1998** **205 664 1470**

CR2E034 (10/97)