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
99 MAR 12 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **L84332**

1. Corporation Name
LUPO INC.

Principal Place of Business	Mailing Address
C/O A. JOHN HUGHES JR., ESQ. 2121 MCGREGOR BLVD. FORT MYERS FL 33901	C/O A. JOHN HUGHES JR., ESQ. 2121 MCGREGOR BLVD. FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
06/29/1990

4. FEI Number
65-0206395
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired **XX**
$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ]
$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes **X** No

9. Name and Address of Current Registered Agent

HUGHES, JOHN A JR.
2121 MCGREGOR BLVD.
FORT MYERS FL 33901

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required for filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	HUGHES, JOHN A JR.	
STREET ADDRESS	2121 MC GREGOR BOULEVARD	
CITY-ST-ZIP	FORT MYERS FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		[ ] Change	[ ] Addition
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		[ ] Change	[ ] Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		[ ] Change	[ ] Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		[ ] Change	[ ] Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		[ ] Change	[ ] Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		[ ] Change	[ ] Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

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****158.75 ****158.75

CR2E034 (11/98)

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: Director 3/9/99 941-337-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #