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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90097 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M12541
 1. Corporation Name
DON MYERS & ASSOCIATES INC.

Principal Place of Business 1762 BAY ST UNIT 202 SARASOTA FL 34236 US	Mailing Address 1762 BAY ST UNIT 202 SARASOTA FL 34236 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/12/1985

21. Principal Place of Business Above	22. Mailing Address Above	4. FEI Number 59-2510109	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Country	30. Zip	30. Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

MYERS, RUTH 1762 BAY ST UNIT 202 P.H. 8 SARASOTA FL 34236	DONALD F MYERS 1762 BAY ST UNIT 202 SARASOTA FL 34236
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10. Name and Address of New Registered Agent

81 Name DONALD F MYERS	
82 Street Address (P.O. Box Number is Not Acceptable) 1762 BAY ST UNIT 202	
83 City SARASOTA FL 34236	
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 **Donald F. Myers** *Donald F Myers* 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 DP	<input type="checkbox"/> DELETE	1.1 TITLE Donald F Myers	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MYERS, DON		1.2 NAME	
STREET ADDRESS 1762 BAY ST UNIT 202		1.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34236		1.4 CITY-ST-ZIP	
TITLE DST	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MYERS, RUTH		2.2 NAME	
STREET ADDRESS 1762 BAY ST UNIT 202	DECEASED	2.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34236		2.4 CITY-ST-ZIP	
TITLE DV	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MYERS, PATRICIA LOUISE		3.2 NAME	
STREET ADDRESS 1808 TULIP DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA 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: *Donald F. Myers* 1/14/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)