


09241999-90005-018-\$61.25-\$61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N48528</b> 1. Corporation Name <b>STUART FLYRODDERS, INC.</b>					
Principal Place of Business 3288 S.W. PERIMETER ROAD PALM CITY FL 34990			Mailing Address 3585 S.E. PERIMETER ROAD PALM CITY FL 34990		

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
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2. Principal Place of Business 21 <b>SOUTHERN ANGLER</b>		2a. Mailing Address 26 <b>3585 S.E. ST. LUCIE BLVD</b>		3. Date Incorporated or Qualified 04/20/1992	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0415905	
City & State 23 <b>STUART FL.</b>		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 <b>34997</b>		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 <b>U.S.</b>		Country 30			

9. Name and Address of Current Registered Agent PETERSON, S. 3288 S.W. PERIMETER ROAD PALM CITY FL 34990				10. Name and Address of New Registered Agent 81 Name <b>MATT BAGLEY</b> 82 Street Address (P.O. Box Number is Not Acceptable) 3585 S.E. ST LUCIE BLVD 83 84 City <b>STUART</b> <b>FL</b> 85 Zip Code <b>34997</b>	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* **JAMES M. BAGLEY** DATE: **09-30-99**

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, DON		1.2 NAME	RICHARD DEWITO	
STREET ADDRESS	10600 SOUTH OCEAN DRIVE, APT. 901		1.3 STREET ADDRESS	3585 S.E. ST LUCIE BLVD	
CITY-ST-ZIP	JENSEN BEACH FL 34957		1.4 CITY-ST-ZIP	STUART FL. 34997	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, DAVE		2.2 NAME	SAH-MULLINAX	
STREET ADDRESS	1220 S.W. 25TH LANE		2.3 STREET ADDRESS	3585 S.E. ST. LUCIE BLVD.	
CITY-ST-ZIP	PALM CITY FL		2.4 CITY-ST-ZIP	STUART FL. 34997	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLIDAY, MIKE	<input checked="" type="checkbox"/> SAME	3.2 NAME	MIKE HOLLIDAY	
STREET ADDRESS	512 S.E. EDGEWOOD DRIVE		3.3 STREET ADDRESS	512 S.E. EDGEWOOD DR.	
CITY-ST-ZIP	STUART FL		3.4 CITY-ST-ZIP	STUART FL. 34997	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSEN, STEVE		4.2 NAME	MATT BAGLEY	
STREET ADDRESS	3288 S.W. PERIMETER ROAD		4.3 STREET ADDRESS	1131 S.E. ASTORWOOD PL	
CITY-ST-ZIP	PALM CITY FL 34990		4.4 CITY-ST-ZIP	STUART FL. 34997	
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 617, 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: *[Signature]* **SIGNATURE REQUIRED: JAMES M. BAGLEY** DATE: **09-06-99** 561 223 1300

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