
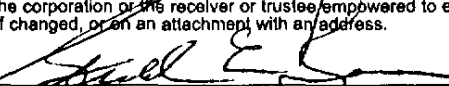


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Jul 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N50545 (5)</b> 1. Corporation Name <b>PEOPLES RELIEF PROJECT INC.</b>					
Principal Place of Business <b>380 HARVARD RD VENICE FL 34293 US</b>			Mailing Address <b>P.O. BOX 14 VENICE FL 34284 US</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>08/24/1992</b> 4. FEI Number <b>65-0355021</b> Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. Name and Address of Current Registered Agent <b>RYAN, GERRY 380 HARVARD RD VENICE FL 34293</b>			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>PD</b> <input checked="" type="checkbox"/> DELETE NAME <b>OUTERBRIDGE, JOHN</b> STREET ADDRESS <b>2800 TERN RD</b> CITY-ST-ZIP <b>VENICE FL</b>			1.1 TITLE <b>PRESIDENT/DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>STEVE CASPAR</b> 1.3 STREET ADDRESS <b>2204 COTTON CIRCLE ST</b> 1.4 CITY-ST-ZIP <b>SARASOTA FL 34232</b>		
TITLE <b>VD</b> <input type="checkbox"/> DELETE NAME <b>RYAN, GERRY</b> STREET ADDRESS <b>380 HARVARD RD</b> CITY-ST-ZIP <b>VENICE FL</b>			2.1 TITLE <b>VP/DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME <b>JOHN RECTOR</b> 2.3 STREET ADDRESS <b>528 E VENICE AVE</b> 2.4 CITY-ST-ZIP <b>VENICE, FL 34292</b>		
TITLE <b>TD</b> <input checked="" type="checkbox"/> DELETE NAME <b>CUNNINGHAM, JEFFREY</b> STREET ADDRESS <b>750 SUGARWOOD WAY</b> CITY-ST-ZIP <b>VENICE FL</b>			3.1 TITLE <b>TREASURER/DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME <b>P.R. EATMAN</b> 3.3 STREET ADDRESS <b>1524 OLIVE ST</b> 3.4 CITY-ST-ZIP <b>VENICE, FL 34293</b>		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE:  <b>7-1-98</b> <b>493-3870</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E037 (5/98)