


FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90077 044 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N94000002144</b>					
1. Corporation Name <b>SUPER SINGLES OF FLORIDA, INC.</b>					
Principal Place of Business 190 S NOVA RD ORMOND BEACH FL 32174			Mailing Address P.O. BOX 2504 ORMOND BEACH FL 32175		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/28/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3250348	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
6. Election Campaign Financing <input type="checkbox"/>				Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RON WOLF 5242 CHRISTIANLY AVE. PORT ORANGE FL 32127				81 Name Thuvia Freese 82 Street Address (P.O. Box Number is Not Acceptable) 6207 Klondike Dr 83 City Port Orange, FL 84 Zip Code 32127			

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 Thuvia Freese, Pres. Thuvia Freese 1-15-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WOLF, RON		1.2 NAME	Thuvia Freese			
STREET ADDRESS	5242 CHRISTIANLY AVE		1.3 STREET ADDRESS	6207 Klondike Dr			
CITY-ST-ZIP	PORT ORANGE FL 32127		1.4 CITY-ST-ZIP	Port Orange, FL 32127			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	1st Vice-pres.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TUPPER, VIRGINIA		2.2 NAME	Betty Still			
STREET ADDRESS	16 LAKE POINT CIR		2.3 STREET ADDRESS	1524 S Riverside Dr			
CITY-ST-ZIP	PORT ORANGE FL 32124		2.4 CITY-ST-ZIP	Edgewater, FL 32132			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	2nd Vice-pres	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DABE, BILL		3.2 NAME	Helen Musgrove			
STREET ADDRESS	21 ARBOR LAKES PARK		3.3 STREET ADDRESS	2032 Jason St.			
CITY-ST-ZIP	ORMOND BEACH FL 32174		3.4 CITY-ST-ZIP	Ormond Beach, FL 32174			
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	STILL, BETTY		4.2 NAME	Betty Poston			
STREET ADDRESS	1524 S RIVERSIDE DR		4.3 STREET ADDRESS	240-13 Orange Grove Dr.			
CITY-ST-ZIP	EDGEWATER FL 32132		4.4 CITY-ST-ZIP	Ormond Beach, FL 32174			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KIMBLE, FAITH		5.2 NAME	George Torres			
STREET ADDRESS	111 CROOKED PINE RD		5.3 STREET ADDRESS	1717 Montgomery Ave.			
CITY-ST-ZIP	PORT ORANGE FL 32124		5.4 CITY-ST-ZIP	Holly Hill, FL 32117			
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BROWN, MARILY		6.2 NAME				
STREET ADDRESS	436 S NOVA ROAD #92		6.3 STREET ADDRESS				
CITY-ST-ZIP	ORMOND BEACH FL		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

SIGNATURE: Thuvia Freese 1-15-99 904-767-4230  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #