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Feb 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002144

1. Corporation Name
SUPER SINGLES OF FLORIDA, INC.

Principal Place of Business 190 S NOVA RD ORMOND BEACH FL 32174	Mailing Address P.O. BOX 2504 ORMOND BEACH FL 32175
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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 04/28/1994	4. FEI Number 59-3250348	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent RON WOLF 5242 CHRISTIANLY AVE. PORT ORANGE FL 32127	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 Thuvia Freese, Pres. Thuvia Freese DATE 1-15-99

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 PD	WOLF, RON 5242 CHRISTIANLY AVE PORT ORANGE FL 32127	<input checked="" type="checkbox"/> DELETE	
TITLE VD	TUPPER, VIRGINIA 16 LAKE POINT CIR PORT ORANGE FL 32124	<input checked="" type="checkbox"/> DELETE	
TITLE VD	DABE, BILL 21 ARBOR LAKES PARK ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> DELETE	
TITLE SD	STILL, BETTY 1524 S RIVERSIDE DR EDGEWATER FL 32132	<input type="checkbox"/> DELETE	
TITLE TD	KIMBLE, FAITH 111 CROOKED PINE RD PORT ORANGE FL 32124	<input checked="" type="checkbox"/> DELETE	
TITLE D	BROWN, MARILY 436 S NOVA ROAD #92 ORMOND BEACH FL	<input checked="" type="checkbox"/> DELETE	
1.1 TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	Thuvia Freese		
1.3 STREET ADDRESS	6207 Klondike Dr		
1.4 CITY-ST-ZIP	Port Orange, FL 32127		
2.1 TITLE	1st Vice-pres.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	Betty Still		
2.3 STREET ADDRESS	1524 S Riverside Dr		
2.4 CITY-ST-ZIP	Edgewater, FL 32132		
3.1 TITLE	2nd Vice-pres	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	Helen Musgrove		
3.3 STREET ADDRESS	2032 Jason St		
3.4 CITY-ST-ZIP	Ormond Beach, FL 32174		
4.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	Betty Poston		
4.3 STREET ADDRESS	24073 Orange Grove Dr.		
4.4 CITY-ST-ZIP	Ormond Beach, FL 32174		
5.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME	George Torres		
5.3 STREET ADDRESS	1717 Montgomery Ave.		
5.4 CITY-ST-ZIP	Holly Hill, FL 32117		
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, with all other

SIGNATURE: Thuvia Freese, Pres. DATE: 1-15-99 PHONE: 904-767-4230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR