


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90086 013 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N97000001386</b>					
1. Corporation Name <b>EVERGINA ECONOMIC DEVELOPMENT, INC.</b>					
Principal Place of Business 3143 N.W. 40TH ST. LAUDERDALE LAKES FL 33309			Mailing Address 3143 N.W. 40TH ST. LAUDERDALE LAKES FL 33309		
2. Principal Place of Business 21 2001 SW 37 Terr. Suite, Apt. #, etc. 22 City & State 23 Ft. Lauderdale Zip 24 33312 Country 25 Broward		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 03/07/1997 4. FEI Number 65-0733386 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution	
9. Name and Address of Current Registered Agent WELCH, EUGENIA 3143 N.W. 40TH ST. LAUDERDALE LAKES FL 33309			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	PD		1.1 TITLE		
NAME	WELCH, EUGENIA		1.2 NAME		
STREET ADDRESS	3143 N.W. 40TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309		1.4 CITY-ST-ZIP		
TITLE	SD		2.1 TITLE		
NAME	GLOVER, ROSBY		2.2 NAME		
STREET ADDRESS	9061 N.W. 11TH COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33318		2.4 CITY-ST-ZIP		
TITLE	TD		3.1 TITLE		
NAME	STEWART, SHENEDRA		3.2 NAME		
STREET ADDRESS	2001 SW 37 TERR		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33312		3.4 CITY-ST-ZIP		
TITLE			4.1 TITLE		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE			5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE			6.1 TITLE		
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:

*Eugenia Welch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

Date

Daytime Phone #

CR2E037 (11/98)