

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90151 016 ****61.25

i. Corporation Name

Principal Place of Business

Mailing Address

87258-90151-16



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/26/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3452129	
City & State		City & State		Applied For Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		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				10. Name and Address of New Registered Agent	
KELLEY, WILLIE O 1201 WEBB DRIVE CLEARWATER FL 34615				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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.

GNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE ME EET ADDRESS Y-ST-ZIP	PT MICKENS, MAURICE E 5114 POSTELL DR HOLIDAY FL 34690	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE ME EET ADDRESS Y-ST-ZIP	S PIERCE, JAMES 2906 TORREY PINES CT CLEARWATER FL 34621	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E EET ADDRESS Y-ST-ZIP	D SHERMAN, WILLIAM F 1249 ELDRIDGE ST CLEARWATER FL 34615	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E EET ADDRESS Y-ST-ZIP	D HARRIS, WILLIAM M 750 LAKE FOREST DR CLEARWATER FL 34615	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
EET ADDRESS Y-ST-ZIP	D BRINSON, CHARLIE 1368 S WASHINGTON ST CLEARWATER FL 34616	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
EET ADDRESS Y-ST-ZIP	D DEAN, JOHN 2185 LAWRENCE DR CLEARWATER FL 34624	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 as an attachment with an address, with all other like empowered.

GNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2E037 (11/98)