


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 23, 1999 8:00 am
Secretary of State

06-23-1999 90001 025 ****70.00

0061796

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003465
1. Corporation Name
JUST BETWEEN TEENS, INC.

Principal Place of Business: 126 E. OLYMPIA AVE., STE. 408, PUNTA GORDA FL 33950
Mailing Address: 126 E. OLYMPIA AVE., STE. 408, PUNTA GORDA FL 33950



2. Principal Place of Business 21 3300 LOVELAND BLVD.	2a. Mailing Address 26 3300 LOVELAND BLVD.	3. Date Incorporated or Qualified 06/13/1997
Suite, Apt. #, etc. 22 SUITE 3502	Suite, Apt. #, etc. 27 SUITE 3502	4. FEI Number 65-0800323
City & State 23 PORT CHARLOTTE, FLORIDA	City & State 28 PORT CHARLOTTE FL.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33980	Country 25 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 33980	Country 30 USA	

9. Name and Address of Current Registered Agent MARRYOTT, THOMAS D 126 E. OLYMPIA AVE., STE. 408 PUNTA GORDA FL 33950	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: Thomas D. Marryott THOMAS D. MARRYOTT DATE: 6/8/99

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULVEY, JOHN	1.2 NAME	
STREET ADDRESS	126 E. OLYMPIA AVE., STE. 408	1.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASANUEVA, DARRYL C.	2.2 NAME	
STREET ADDRESS	126 E. OLYMPIA AVE., STE. 408	2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	2.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOGGIN, JOSEPH	3.2 NAME	
STREET ADDRESS	126 E. OLYMPIA AVE., STE. 408	3.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYMANS, KENTON H	4.2 NAME	
STREET ADDRESS	126 E. OLYMPIA AVE., STE. 408	4.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACWILLIAMS, JUDY	5.2 NAME	
STREET ADDRESS	126 E. OLYMPIA AVE., STE. 408	5.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARRYOTT, THOMAS D	6.2 NAME	
STREET ADDRESS	126 E. OLYMPIA AVE., STE. 408	6.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	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: John J. Mulvey JOHN J. MULVEY DATE: 6/7/99 (DAYTIME PHONE #)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)