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

9. Name and Address of Current Registered Agent <b>MARRYOTT, THOMAS D 126 E. OLYMPIA AVE., STE. 408 PUNTA GORDA FL 33950</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 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 <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>MULVEY, JOHN</b>		1.2 NAME	
STREET ADDRESS <b>126 E. OLYMPIA AVE., STE. 408</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>PUNTA GORDA FL 33950</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>CASANUEVA, DARRYL C.</b>		2.2 NAME	
STREET ADDRESS <b>126 E. OLYMPIA AVE., STE. 408</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>PUNTA GORDA FL 33950</b>		2.4 CITY-ST-ZIP	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>GOGGIN, JOSEPH</b>		3.2 NAME	
STREET ADDRESS <b>126 E. OLYMPIA AVE., STE. 408</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>PUNTA GORDA FL 33950</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>HAYMANS, KENTON H</b>		4.2 NAME	
STREET ADDRESS <b>126 E. OLYMPIA AVE., STE. 408</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>PUNTA GORDA FL 33950</b>		4.4 CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>MACWILLIAMS, JUDY</b>		5.2 NAME	
STREET ADDRESS <b>126 E. OLYMPIA AVE., STE. 408</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>PUNTA GORDA FL 33950</b>		5.4 CITY-ST-ZIP	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>MARRYOTT, THOMAS D</b>		6.2 NAME	
STREET ADDRESS <b>126 E. OLYMPIA AVE., STE. 408</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>PUNTA GORDA FL 33950</b>		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 # (941) 629-6225

Signature and typed or printed name of signing officer or director

CR2E037 (11/98)