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Feb 24, 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 # N98000001177

1. Corporation Name

UNLIMITED STRENGTHS, INC.

Principal Place of Business

 PO BOX 453906
 MIAMI FL 33245-3906

Mailing Address

 PO BOX 453906
 MIAMI FL 33245-3906


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1600 SW 1st Avenue		26		02/26/1998	
22 Suite, Apt. #, etc. #6BN		27		4. FEI Number 65-0865154	
23 City & State Miami, FL		28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33129		29 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

 BRIGGS, PAUL C
 1600 SW 1ST AVENUE
 #6BN
 MIAMI FL 33129

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 Paul C. Briggs Paul C. Briggs, Chairperson

 DATE
 January 16, 1999

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	Co-Chairperson/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGGS, PAUL C	1.2 NAME	
STREET ADDRESS	264 SW 22 ROAD	1.3 STREET ADDRESS	1600 SW 1st Avenue, #6BN
CITY-ST-ZIP	MIAMI FL 33129	1.4 CITY-ST-ZIP	Miami, FL 33129
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Co-Chairperson/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, STEPHANIE A	2.2 NAME	
STREET ADDRESS	129 12TH AVENUE NE	2.3 STREET ADDRESS	2513 Pinoak Drive
CITY-ST-ZIP	HICKORY NC 28601	2.4 CITY-ST-ZIP	Hickory, NC 28602
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Secretary/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDORE, MARK	3.2 NAME	
STREET ADDRESS	1050 NE 91 TERRACE	3.3 STREET ADDRESS	11001 NE 8th Court
CITY-ST-ZIP	MIAMI SHORE FL 33138	3.4 CITY-ST-ZIP	Biscayne Park, FL 33161
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Paul C. Briggs, Chairperson Jan. 16, 1999 (305) 857-6981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)