


FILE NOW: FILING FEE IS \$61.25

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90048 042 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000001529					
1. Corporation Name ONE-ELEVEN MAIN STREET CORP.					
Principal Place of Business 1113 OHIO AVENUE NO. 204 DUNEDIN FL 34698			Mailing Address 1113 OHIO AVENUE NO. 204 DUNEDIN FL 34698		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/10/1998 4. FEI Number 59 3524199 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 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 LONG, LAURA 1113 OHIO AVENUE NO. 204 DUNEDIN FL 34698			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
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	LONG, LAURA		1.2 NAME		
STREET ADDRESS	1113 OHIO AVENUE, NO. 204		1.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL 34698		1.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DIDRIKSEN, CHUCK		2.2 NAME	EARL BALL, EARL	
STREET ADDRESS	1121 MCFARLAND STREET		2.3 STREET ADDRESS	1035 ARLINGTON AVE. N.	
CITY-ST-ZIP	DUNEDIN FL 34698		2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ANDERSON, PAUL		3.2 NAME	CASTANEIRA, ALFONSO	
STREET ADDRESS	3144 CHATWIN AVENUE		3.3 STREET ADDRESS	201 N. BAY HILLS BLVD.	
CITY-ST-ZIP	LONG BEACH CA 90888		3.4 CITY-ST-ZIP	SAFETY, HARBOR, FL 34695	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILCHANOWSKI, AMY		4.2 NAME	MILCHANOWSKI, AMY	
STREET ADDRESS	1361 OHIO AVENUE		4.3 STREET ADDRESS	9580 52ND WAY NORTH	
CITY-ST-ZIP	DUNEDIN FL 34698		4.4 CITY-ST-ZIP	PINELLAS PARK, FL 33782	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKINNEY, L. CREGG		5.2 NAME		
STREET ADDRESS	2594 ANDERSON DRIVE WEST		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33761		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:

Signature of Katherine Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/99

Date

727-736-7750

Daytime Phone #

CR2E037 (1/98)