


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P22791** (8)

1. Corporation Name  
**READY, SET, GROW COMPANY**

Principal Place of Business <b>3182 WHISPERWIND DR. ST. CLOUD FL 34771</b>	Mailing Address <b>3182 WHISPERWIND DR. ST. CLOUD FL 34771</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3000 S. Chickasaw Tr.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>Same</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>01/31/1989</b>	
22 City & State 23 <b>Orlando FL</b>		27 City & State 28		4. FEI Number <b>51-0314250</b> Applied For Not Applicable	
24 Zip <b>32829</b>		25 Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SWEENEY, ALLAN R. 3182 WHISPERWIND DR. ST. CLOUD FL 34771</b>				10. Name and Address of New Registered Agent 81 Name <b>Beverly C Sweeney</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3182 Whisper Wind Dr.</b> 83 <b>St. Cloud, FL 34771</b> 84 City <b>FL</b> 85 Zip Code			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **Beverly C Sweeney** **Beverly C Sweeney** **Jan 18, 1998**  
Signature, typed or printed for each registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PSTD</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SWEENEY, BEVERLY C.</b>			1.2 NAME			
STREET ADDRESS	<b>3182 WHISPERWIND DR.</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>ST. CLOUD FL</b>			1.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
				2.2 NAME			
				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Beverly C Sweeney** **Beverly C Sweeney** **Jan 18, 1998** **407-823-8373**

CR2E034 (10/97)