

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

FILED  
Apr 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000007353 (5)

1. Corporation Name  
490 CORP.



Principal Place of Business  
2062 20TH AVE. SE  
LARGO FL 34641-3846

Mailing Address  
2062 20TH AVE. S.E.  
LARGO FL 33771-3846

3. Date Incorporated or Qualified  
11/24/1992

3a. Date of Last Report  
04/22/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3152115	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent

FOLEY, MICHAEL T  
2284 KINGS POINTE DRIVE  
LARGO FL 34644

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HEIDENREICH, JOSEPH I 2062-20TH AVE. S.E. LARGO FL 34641	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD FOLEY, MICHAEL T 2284 KINGS POINTE DR. LARGO FL 34644	1.2 NAME	
STREET ADDRESS	SD STIDHAM, ARLIN H 9365 E. GOBBLER DR. FLORAL CITY FL 34436	1.3 STREET ADDRESS	
CITY-ST-ZIP	TD PETERSON, RONALD D 10679 BARDES CT. LARGO FL 34647	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.1 TITLE	
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: *[Signature]* VICE PRES. 4/7/97 (813)587-6916

CR2E034 (9/96)