


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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90065 043 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000033042

1. Corporation Name
GIEBNER ENTERPRISES, INC.

Principal Place of Business 1124 19TH STREET NORTH ST. PETERSBURG FL 33713	Mailing Address 1124 19TH STREET NORTH ST. PETERSBURG FL 33713
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6405 49th St. N. Suite, Apt. #, etc. 22 City & State 23 Pinellas Park FL Zip Country 24 33781-5724 25 Pinellas		2a. Mailing Address 26 6405 49th St. N. Suite, Apt. #, etc. 27 City & State 28 Pinellas Park FL Zip Country 29 33781-5724 30 Pinellas		3. Date Incorporated or Qualified 05/06/1993	4. FEI Number 59-3179812	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	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent GIEBNER, THOMAS P 1124 19TH STREET NORTH ST. PETERSBURG FL 33713		10. Name and Address of New Registered Agent 81 Name Thomas P. Giebner 82 Street Address (P.O. Box Number is Not Acceptable) 6405 49th St. N. 83 84 City Pinellas Park FL 85 Zip Code 33781	
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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

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	Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIEBNER, THOMAS P	1.2 NAME	Thomas P. Giebner
STREET ADDRESS	17722 LONG POINT DR.	1.3 STREET ADDRESS	2840 Skimmer Point Dr. S
CITY-ST-ZIP	REDINGTON SHORES FL 33708	1.4 CITY-ST-ZIP	Gulfport, FL 33707
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIEBNER, BETTY J	2.2 NAME	Betty J. Giebner
STREET ADDRESS	17722 LONG POINT DR.	2.3 STREET ADDRESS	2840 Skimmer Point Dr S
CITY-ST-ZIP	REDINGTON SHORES FL 33708	2.4 CITY-ST-ZIP	Gulfport, FL 33707
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, with all other like empowered.

SIGNATURE: *Thomas P. Giebner* *Betty J. Giebner* **4-10-99** **727-520-1200**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)