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May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000051744 (9)

1. Corporation Name
SQUEEZE IN PUB, INC.

Principal Place of Business
5005 S. RIDGEWOOD AVE.
PORT ORANGE FL 32127

Mailing Address
5005 S. RIDGEWOOD AVE.
PORT ORANGE FL 32127

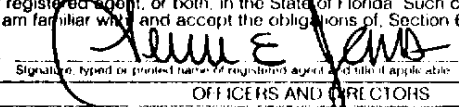


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/19/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3190950	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent YOUNG, PATRICIA 5005 S. RIDGEWOOD AVE PORT ORANGE FL 32127				10. Name and Address of New Registered Agent			
81 Name				TERRIE E. JONES			
82 Street Address (P.O. Box Number is Not Acceptable)				818 LITTLE TOWN ROAD			
83							
84 City				PORT ORANGE		85 Zip Code	
				FL		32127	

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  TERRIE E. JONES 4/17/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Dorothy Wise
NAME	YOUNG, PATRICIA	1.2 NAME	P/O
STREET ADDRESS	5005 S. RIDGEWOOD AVE	1.3 STREET ADDRESS	2043 HICKORYWOOD DR
CITY-ST-ZIP	PORT ORANGE FL	1.4 CITY-ST-ZIP	50. DAYTONA FL 32119
TITLE	ST	2.1 TITLE	TERRIE E. JONES
NAME	STEVENS, PATRICIA	2.2 NAME	SIT/O
STREET ADDRESS	3825 LOMA DR	2.3 STREET ADDRESS	818 LITTLE TOWN RD
CITY-ST-ZIP	HOLIDAY FL	2.4 CITY-ST-ZIP	PORT ORANGE FL 32127
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:  TERRIE E. JONES 4-3-98 (814) 260-256X

CR2E034 (10/97)