

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000062011

1. Corporation Name
F HOLDINGS, INC.

Principal Place of Business
% MR. TODD KILSTON
8211 W. BROWARD BLVD. STE. 375
PLANTATION FL 33324

Mailing Address
% MR. TODD KILSTON
8211 W. BROWARD BLVD. STE. 375
PLANTATION FL 33324

2. Principal Place of Business
 21 _____
 Suite, Apt. #, etc
 22 _____
 City & State
 23 _____
 Zip Country
 24 _____ 25 _____

2a. Mailing Address
 26 _____
 Suite, Apt. #, etc
 27 _____
 City & State
 28 _____
 Zip Country
 29 _____ 30 _____

9. Name and Address of Current Registered Agent

KLISTON, TODD W
8211 WEST BROWARD BLVD.
SUITE 200
PLANTATION FL 33324

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 _____
 84 City

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. Thereby, 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 the principal

12. OFFICERS AND DIRECTORS

TITLE		[] DELETE
NAME	D LAVER, ART	
STREET ADDRESS	273 SHORE ACRES RD., BURLINGTON	
CITY-ST-ZIP	ONTARIO, CANADA L7L 2H3	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[] Change [] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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, which is other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **A. LAVER**

FILED

99 MAR 15 AM 10:56

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified
08/30/1993
- 4. FEI Number
65-0438300 Applied For Not Applicable
- 5. Certificate of Status Deemed [] **\$8.75** Additional Fee Required
- 6. Election Campaign Financing Trust Fund Contribution [] **\$5.00** May Be Added to Fees
- 8. This corporation owes the current year Intangible Personal Property Tax [] Yes [X] No
- 10. Name and Address of New Registered Agent

800002914678-7
-03/23/99--01010--016
******150.00 ****150.00**
FL 85 Zip Code

000568

CR2E034 (1/98)

Jan 16/99 **519759-7110**