


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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90150 001 ***158.75



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000002024

1. Corporation Name
EVETTS & ASSOCIATES, INC.

Principal Place of Business 9315 SW 83RD STREET MIAMI FL 33173	Mailing Address 9315 SW 83RD STREET MIAMI FL 33173
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 116 Deleon Road Suite, Apt. #, etc.		2a. Mailing Address 26 116 Deleon Road Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/10/1994	
22 City & State 23 Cocoa Beach, FL Zip Country 24 32931 25 U.S.A.		27 City & State 28 Cocoa Bch., FL Zip Country 29 32931 30 U.S.A.		4. FEI Number 65-0466479 Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" 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 EVETTS, RUTH 9315 S.W. 83RD STREET MIAMI FL 33173		10. Name and Address of New Registered Agent 81 Name Ruth Evetts 82 Street Address (P.O. Box Number is Not Acceptable) 116 Deleon Road 83 84 City Cocoa Beach FL 85 Zip Code 32931	
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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 *Ruth Evetts* DATE **2/2/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVETTS, RUTH	1.2 NAME	
STREET ADDRESS	9315 S.W. 83RD STREET	1.3 STREET ADDRESS	116 Deleon Road
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Cocoa Beach, FL 32931
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVETTS, JAMES BYRON	2.2 NAME	
STREET ADDRESS	9315 S.W. 83RD STREET	2.3 STREET ADDRESS	116 Deleon Road
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Cocoa Beach, FL 32931
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: *Ruth Evetts* **2/2/99** **407-799-1939**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)

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