

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 # P94000010035

1. Corporation Name
FLAGS PLUS, INC.

Principal Place of Business
4200 S DIXIE HWY 1441 S. MILITARY TR.
WEST PALM BEACH FL 33405 33415

Mailing Address
4200 S DIXIE HWY 1441 S. MILITARY TR.
WEST PALM BEACH FL 33405 33415

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90206 038 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	02/08/1994
4. FEI Number	65-0468231
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation owes the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 1441 S. MILITARY TR.	26 1441 S. MILITARY TR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 WEST PALM BEACH, FL.	28 WEST PALM BEACH, FL.
Zip FL 33415 Country USA	Zip 33415 Country USA
24	29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TREXLER, RUTH
4200 SOUTH DIXIE HWY. 1441 S. MILITARY TR.
SUITE 105
WEST PALM BEACH FL 33405 33415

81 Name	RUTH TREXLER
82 Street Address (P.O. Box Number is Not Acceptable)	1441 S. MILITARY TR.
83	
84 City	WEST PALM BEACH, FL
85 Zip Code	33415

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 NAME TREXLER, RUTH STREET ADDRESS 4200 S DIXIE HWY CITY-ST-ZIP WEST PALM BEACH FL 33405	1.1 TITLE D 1.2 NAME TREXLER, RUTH 1.3 STREET ADDRESS 1441 S. MILITARY TR. 1.4 CITY-ST-ZIP WEST PALM BEACH, FL. 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 Trexler
RUTH TREXLER

1/21/99 561-433-8874
Date Daytime Phone #

CR2E034 (11/98)