


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

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

04-19-1999 90117 005 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000012042					
1. Corporation Name TRUE NORTH SYSTEMS, INC.					
Principal Place of Business 5445 70TH WAY N 301 ST PETERSBURG FL 33709 US			Mailing Address 5445 70TH WAY N 301 ST PETERSBURG FL 33709 US		
2. Principal Place of Business 21 5445 70TH WAY N Suite, Apt. #, etc. 22		2a. Mailing Address 26 5445 70TH WAY N Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 02/14/1994	
23 ST. PETERSBURG, FL City & State 24 33709 25 USA Zip Country		28 ST. PETERSBURG, FL City & State 29 33709 30 USA Zip Country		4. FEI Number 65-0470250 Applied For Not Applicable	
9. Name and Address of Current Registered Agent MCDONALD, EDWARD C 5445 70TH WAY N SUITE 301 ST PETERSBURG FL 33709 No suite# SM.		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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:

Sharon McDonald: csharon McDonald

4/12/99

(727) 545-7878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

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