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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P94000031481 (2)

FETCHIT, INC.

Principal Place of Business

14 多月

Mailing Address

FILED Apr 30 1998 8:00am Secretary of State



137-F TOMAHAWK DRIVE INDIAN HARBOR BEACH FL 32937 US		1669 PALM RIDGE RD MELBOURNE FL 32935 US		DO NOT WRITE IN THIS SPACE	
		5: A A 1	a Lula a	3. Date Incorporated or Qualified	
			5/4/98	04/22/1994	
2. Principal Place of Business		2a. Mailing Address	West Do	4. FEI Number	Applied For
21 1318 Lake Wa	isn. Koad	<sub>26</sub> 1318 Lake	wasn. Ro	a d 59-3238602	Not Applicable
Suite, Apt. #, etc. 22 Unit #7		Suite, Apt. #, etc. 27 Unit #7		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State  23 Melbourne, Fl.		City & State  Melbourne, Fl.		<b>6.</b> Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cur	rent year Intangible
	Brevard	29 32935	30 Brevard	Personal Property Tax due June 30.	Yes No
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered	Agent
JIM O'BRIEN Name					
516 N. HARBOR CITY BLVD.			82 Street	Address (P.O. Box Number is Not Acceptable)	
MELBOURNE FL 32935			83	Address (1.0. Box Humber is Not Acceptable)	
			84 City	F <u>L</u>	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 Signature, Need or printed name of registered agent and title of applicable (NOTE Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND L		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE DPT		DELETE	1.1 TITLE		Change
NAME BRYCE CH	IARRON	_	1.2 NAME	President	
STREET ADDRESS 157 BERKE			1.3 STREET ADDRESS	Bryce A. Charron	
	BEACH FL		1.4 CITY-ST-ZIP	1318 Lake Washington ReMelbourne, Fl. 32935	oad, Unit 7
TITLE	DENOTITE	DELETE	2.1 TITLE	Merbourne, F.I. 32933	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		<b>&gt;</b>
TITLE		DELETE	3.1 TITLE		Change Addition
NAME		_	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		<del>-</del>	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
			4.4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		_ , _
			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		Change Addition
1 1 1		_ ottere	6.2 NAME		
NAME .					
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	formation supplied with	this filing does not qualify fo	64 CITY-ST-ZIP	d in Section 119.07(3)(i), Florida Statutes. I further ce	ertify that the information

6. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. Fibrities event that it is morning does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. Fibrities 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.

CHZEUGA (10/9/