

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

FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000029107 (6)

1. Corporation Name

WHAT'S NEW? UNLIMITED, INC.

Principal Place of Business

10090 LAKE POINT DRIVE  
123 HARBOR VIEW LANE  
LARGO FL 33770  
US

Mailing Address

123 HARBOR VIEW LANE  
LARGO FL 33770  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 123 Harbor View Lane	26 123 HARBOR VIEW LANE	04/10/1995
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number
23 City & State	28 City & State	59-3317705
24 Zip	29 Zip	5. Certificate of Status Desired
33770	Country	<input type="checkbox"/> \$8.75 Additional Fee Required
Country	30	6. Election Campaign Financing
		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STROYNE, BETH G 123 HARBOR VIEW LANE LARGO FL 33770	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

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	1.1 TITLE
NAME	1.2 NAME
STREET ADDRESS	1.3 STREET ADDRESS
CITY-ST-ZIP	1.4 CITY-ST-ZIP
VP	2.1 TITLE
STROYNE, TIMOTHY M.	2.2 NAME
123 HARBOR VIEW LANE	2.3 STREET ADDRESS
LARGO FL LARGO 33770	2.4 CITY-ST-ZIP
	3.1 TITLE
	3.2 NAME
	3.3 STREET ADDRESS
	3.4 CITY-ST-ZIP
	4.1 TITLE
	4.2 NAME
	4.3 STREET ADDRESS
	4.4 CITY-ST-ZIP
	5.1 TITLE
	5.2 NAME
	5.3 STREET ADDRESS
	5.4 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.

SIGNATURE: [Signature] Beth Stroyne President 4/24/98 913 526 1595

CR2E034 (10/97)