

**PROFIT CORPORATION ANNUAL REPORT 2000**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90322 024 \*\*\*150.00

**DOCUMENT # P95000035914**

Corporation Name  
**X CORP.**



Principal Place of Business: 200 1ST AVE, INDIALANTIC FL 32903

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>05/03/1995</b>   |  |
| 4. FEI Number<br><b>59-3323264</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |   |                       |
|--|--|---|-----------------------|
| 9. Name and Address of Current Registered Agent                                  |  | 10. Name and Address of New Registered Agent          |                       |
| <b>MUIR, CHRISTOPHER J</b><br><b>200 1ST AVE.</b><br><b>INDIALANTIC FL 32903</b> |  | 81 Name   |                       |
|  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |                       |
|  |  | 83  |                       |
|  |  | 84 City   | <b>FL</b> 85 Zip Code |

I, 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 re-registering) DATE: \_\_\_\_\_

| 2. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---------------------------|---------------------------------|---|---|
| TITLE                     | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                      | <b>D MUIR, CHRISTOPHER J</b>    | 1.2 NAME  |   |
| STREET ADDRESS            | <b>200 1ST AVE.</b>             | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP               | <b>INDIALANTIC FL 32903</b>     | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                     | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                      |                                 | 2.2 NAME  |   |
| STREET ADDRESS            |                                 | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP               |                                 | 2.4 CITY-ST-ZIP                                       |   |
| 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                                       |   |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* Date: **4/19/00** (407) 958-8288

CR2E034 (1/98)