

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


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99 JUN -9 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000044810

1. Corporation Name

R & S INVESTMENTS OF PINELLAS, INC.

Principal Place of Business

Mailing Address

301 PINELLAS BAYWAY
TIERRA VERDE FL 33715

301 PINELLAS BAYWAY
TIERRA VERDE FL 33715

2. Principal Place of Business	2a. Mailing Address
21 309 HARBOR DR.	26 SAME
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 33786	29 USA
25	30

3. Date Incorporated or Qualified	Applied For
06/09/1995	Not Applicable
4. FEI Number	
59-3435684	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	Yes No
	X No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOX, GREGORY A
FOX AND FOX, P.A.
28050 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34621

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

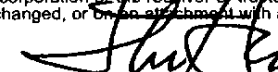
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	SZASZ, STEVE	1.2 NAME	
STREET ADDRESS	309 HARBOR DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BCH FL	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	
NAME	SZASZ, MARY	2.2 NAME	
STREET ADDRESS	309 HARBOR DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BCH FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	SZASZ, ROBERT	3.2 NAME	SZASZ ROBERT
STREET ADDRESS	355 12TH AVE	3.3 STREET ADDRESS	1947 PETERS PL.
CITY-ST-ZIP	INDIAN ROCKS BCH FL	3.4 CITY-ST-ZIP	CLEARWATER FL. 33764
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

 STEVE SZASZ

03.20.99 (727) 518-1398

CR2E034 (11/98)