

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

FILED
May 11 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 # P95000052279 (3)

1. Corporation Name
GAIN & WELL CORPORATION



Principal Place of Business 115 S. PALMETTO AVE DAYTONA BCH FL 32114 US	Mailing Address 115 S. PALMETTO AVE DAYTONA BCH FL 32114 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 903 STAGE COACH TRAIL Suite, Apt. #, etc. 22 City & State 23 GREENSBORO N.C. 24 Zip 27410 25 Country USA		2a. Mailing Address 26 903 STAGE COACH TRAIL Suite, Apt. #, etc. 27 City & State 28 GREENSBORO N.C. 29 Zip 27410 30 Country USA		3. Date Incorporated or Qualified 06/30/1995	
				4. FEI Number 59-3321438	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				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 COLEMAN, GAIL 18 CEDARFORD CT PALM COAST FL 32137				10. Name and Address of New Registered Agent 81 Name JOHN MYERS, CPA 82 Street Address (P.O. Box Number is Not Acceptable) 115 S. PALMETTO AVE. 83 84 City DAYTONA BEACH FL 85 Zip Code 32114			
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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 *John Myers* John Myers, CPA 4-17-98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLEMAN, GAIL			1.2 NAME			
STREET ADDRESS	115 S. PALMETTO AVE			1.3 STREET ADDRESS	903 STAGE COACH TRAIL		
CITY-ST-ZIP	DAYTONA BEACH FL			1.4 CITY-ST-ZIP	GREENSBORO N.C. 27410		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLEMAN, A W			2.2 NAME			
STREET ADDRESS	115 PALMETTO AVE.,			2.3 STREET ADDRESS	903 STAGE COACH TRAIL		
CITY-ST-ZIP	DAYTONA BEACH FL			2.4 CITY-ST-ZIP	GREENSBORO N.C. 27410		
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			

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. GAIL COLEMAN

SIGNATURE: *Gail Coleman* D 4-30-98 331-191-8791

CR2E034 (10/97)