


FILED

Jul 06, 1999 8:00 am  
Secretary of State

07-06-1999 90006 027 \*\*\*550.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P96000003498</b>		
1. Corporation Name <b>CUB HOLDINGS, INC.</b>		



Principal Place of Business <b>6487 PARKLAND DRIVE</b> <b>SARASOTA FL 34243</b>	Mailing Address <b>6487 PARKLAND DRIVE</b> <b>SARASOTA FL 34243</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6408 Parkland Drive</b> Suite, Apt. #, etc. 22 <b>Suite 105</b> City & State 23 <b>SARASOTA FL</b> Zip 24 <b>34243</b> Country 25 <b>US</b>		2a. Mailing Address 26 <b>6408 Parkland Drive</b> Suite, Apt. #, etc. 27 <b>Suite 105</b> City & State 28 <b>SARASOTA FL</b> Zip 29 <b>34243</b> Country 30 <b>US</b>		3. Date incorporated or Qualified <b>01/11/1996</b>	4. FEI Number <b>65-0636335</b>	Applied For <input type="checkbox"/> Not Applicable
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No						

9. Name and Address of Current Registered Agent <b>FELDER, BENJAMIN</b> <b>100 SECOND AVENUE, SOUTH</b> <b>SUITE 400N</b> <b>ST. PETERSBURG FL 33701</b>		10. Name and Address of New Registered Agent 81 Name <b>Felder Benjamin</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1505 N. FORDA Avenue</b> 83 <b>C/O KASS Hodges, P.A.</b> 84 City <b>TAMPA</b> FL 85 Zip Code <b>33601</b>	
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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

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)