

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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90091 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P96000005372

1. Corporation Name
EVEREST ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 4360 NORTHLAKE BLVD. STE 205
 PALM BEACH GARDENS FL 33410

Mailing Address
 4360 NORTHLAKE BLVD. STE 205
 PALM BEACH GARDENS FL 33410

3. Date Incorporated or Qualified
01/16/1996

4. FEI Number
65-0652707

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

2. Principal Place of Business

21 26 **PO Box 220654**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 **West Palm Beach**

24 Zip 25 Country 29 **33622** 30 **US**

9. Name and Address of Current Registered Agent
WASHOFSKY, MARTIN E P.A.
 4360 NORTHLAKE BLVD. STE 205
 PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name **Thomas Clarke**

82 Street Address (P.O. Box Number is Not Acceptable) **2820 Tennis Club Dr #209**

83

84 **West Palm Beach** FL 85 Zip Code **33417**

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 _____ DATE **3/25/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORRISON, ROARRK	
STREET ADDRESS	4360 NORTHLAKE BLVD. STE 205	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	CLARKE, THOMAS	
STREET ADDRESS	4360 NORTHLAKE BLVD. STE 205	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Morrison, Roarrk	
1.3 STREET ADDRESS	PO Box 220654	
1.4 CITY-ST-ZIP	WPB, FL 33622-5118	
2.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CLARKE, Thomas	
2.3 STREET ADDRESS	PO Box 220654	
2.4 CITY-ST-ZIP	WPB, FL 33622-5118	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: _____ DATE **3/25/99** (561)601-8630

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03230666 CR2E034 (1/1/98)