

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90004 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P96000009298**

1. Corporation Name
4WHAT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**501 GOODLETTE ROAD
 C208
 NAPLES FL 34102
 US**

Mailing Address
**PO BOX 413005
 STE 115
 NAPLES FL 34101
 US**

3. Date Incorporated or Qualified
01/30/1996

4. FEI Number
65-0638732

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 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent

**RUSHFORD, CARL
 9858 SANDRINGHAM GATE
 UNIT K3
 NAPLES FL 34109**

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	COSSETTA, JIM	
STREET ADDRESS	3722 KENT DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	RUSHFORD, CARL	
STREET ADDRESS	9858 SANDRINGHAM GATE	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ATTWOOD, PATRICK	
STREET ADDRESS	492 QUAIL FOREST BLVD, #803	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MASTRO, WADE	
STREET ADDRESS	4920 DEERFIELD WAY #101	
CITY-ST-ZIP	NAPLES FL 34110	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DS
3.3 STREET ADDRESS	Attwood, Patrick
3.4 CITY-ST-ZIP	518 96th Ave North Naples, FL 34108
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DT
4.3 STREET ADDRESS	Mastro, Wade
4.4 CITY-ST-ZIP	4747 San Carlo Court Naples, FL 34109
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: *Patrick Attwood* **SIGNATURE REQUIRED** 1-4-99 (941) 434-9428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)