

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

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Feb 22, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000031313

1. Corporation Name
FIFTY-EIGHT, INC.



Principal Place of Business 5420 26TH ST W BRADENTON FL 34207 US	Mailing Address 5420 26TH ST W BRADENTON FL 34207 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 30 Country		3. Date Incorporated or Qualified 04/10/1996	4. FEI Number 65-0663345	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 checked="" type="checkbox"/> No						

9. Name and Address of Current Registered Agent

**KAKLIS, V WILLIAM
1400 4TH AVE W
BRADENTON FL 34205-5**

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

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 PD	NAME SMITH, GEORGE	1.1 TITLE VD	1.2 NAME Smith, George
STREET ADDRESS 5420 26TH ST W	CITY-ST-ZIP BRADENTON FL 34207	1.3 STREET ADDRESS 5420 - 26th St. W.	1.4 CITY-ST-ZIP Bradenton, FL 34207
TITLE VD	NAME JACKSON, ROY D	2.1 TITLE PD	2.2 NAME Jackson, Roy D.
STREET ADDRESS 1450 59TH ST W, SUITE 200	CITY-ST-ZIP BRADENTON FL 34209	2.3 STREET ADDRESS 1450 - 59th St. W. Suite 200	2.4 CITY-ST-ZIP Bradenton, FL 34209
TITLE STD	NAME LEETZOW, JUDY	3.1 TITLE	3.2 NAME
STREET ADDRESS 3007 MANATEE AVE W	CITY-ST-ZIP BRADENTON FL 34205	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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:

Judy Leetzow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99 941-758-9545
Date Daytime Phone #