


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

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90084 022 \*\*\*158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000036832**

1. Corporation Name  
**BT PUBLICATIONS, INC.**

Principal Place of Business 5234 STATE ROAD 54 NEW PORT RICHEY FL 34652-6049 US	Mailing Address 5234 STATE ROAD 54 NEW PORT RICHEY FL 34652-6049 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 822 Home PL Suite, Apt. #, etc. 22 City & State 23 Sarasota, FL Zip Country 24 34232 25 Sarasota		2a. Mailing Address 26 822 Home PL Suite, Apt. #, etc. 27 City & State 28 Sarasota, FL Zip Country 29 34232 30 Sarasota		3. Date Incorporated or Qualified 04/29/1996	
		4. FEI Number 59-3371056		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent THOMPSON, BUDDY 5234 STATE ROAD 54 NEW PORT RICHEY FL 34652-6049				10. Name and Address of New Registered Agent 81 Name Thompson, Buddy 82 Street Address (P.O. Box Number is Not Acceptable) 83 822 Home PL 84 City Sarasota, FL 85 Zip Code 34232	

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	P <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, BUDDY	1.2 NAME	Thompson, Buddy
STREET ADDRESS	5234 STATE ROAD 54	1.3 STREET ADDRESS	822 Home PL
CITY-ST-ZIP	NEW PORT RICHEY FL 34652-6049	1.4 CITY-ST-ZIP	Sarasota, FL 34232
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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/99  
Date

Daytime Phone #

CR2E034 (1/1/98)