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May 08, 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 # P96000064949

1. Corporation Name
GARRETT MANAGEMENT CORP.



Principal Place of Business 6075 SHORE BLVD. SO. APT 604 ST. PETERSBURG FL 33707	Mailing Address 6075 SHORE BLVD. SO. APT 604 ST. PETERSBURG FL 33707
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2850 59TH ST S Suite, Apt. #, etc. 22 202 City & State 23 ST. PETERSBURG, FL Zip 33707 Country 24 USA	2a. Mailing Address 26 2850 59TH ST S Suite, Apt. #, etc. 27 202 City & State 28 ST. PETERSBURG, FL Zip 33707 Country 29 USA	3. Date Incorporated or Qualified 08/02/1996	4. FEI Number 59-3396840 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GARRETT, ELIZABETH A
 6075 SHORE BLVD. SO. APT 604
 ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent

81 Name GARRETT, ELIZABETH A	82 Street Address (P.O. Box Number is Not Acceptable) 2850 59TH ST S
83 #202	84 City ST. PETERSBURG FL
85 Zip Code 33707	

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 *Elizabeth A Garrett* **ELIZABETH A GARRETT** DATE **4/28/99**

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

12. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> DELETE
NAME	GARRETT, ELIZABETH A
STREET ADDRESS	6075 SHORE BLVD. SO. APT 604
CITY-ST-ZIP	ST. PETERSBURG FL
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

1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GARRETT, ELIZABETH A
1.3 STREET ADDRESS	2850 59TH ST S, #202
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33707
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 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: *Elizabeth A Garrett* **ELIZABETH A GARRETT** DATE **4/28/99** DAYTIME PHONE # **727 345 0009**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)