

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. McRham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000077924 (4)

1. Corporation Name

BEEN THERE DONE THAT, INC.

Principal Place of Business

103 WILLING ST.
SUITE E
MILTON FL 32750

Mailing Address

103 WILLING ST.
SUITE E
MILTON FL 32570-4973

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

CODY, CHERYL A
103 WILLING ST.
SUITE E
MILTON FL 32750

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 607.01(2) 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 type for printed name of registered agent (if applicable)

(84)(b) Registered Agent signature (printed when required)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST [] DELETE

NAME CODY, CHERYL A
STREET ADDRESS 103 WILLING ST. SUITE E
CITY- ST- ZIP MILTON FL 32570

TITLE D [] DELETE

NAME CODY, CHERYL A
STREET ADDRESS 103 WILLING ST. SUITE E
CITY- ST- ZIP MILTON FL 32570

TITLE [] DELETE

NAME [] DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

14 TITLE

15 NAME

16 STREET ADDRESS

17 CITY- ST- ZIP

18 TITLE

19 NAME

20 STREET ADDRESS

21 CITY- ST- ZIP

22 TITLE

23 NAME

24 STREET ADDRESS

25 CITY- ST- ZIP

26 TITLE

27 NAME

28 STREET ADDRESS

29 CITY- ST- ZIP

30 TITLE

31 NAME

32 STREET ADDRESS

33 CITY- ST- ZIP

34 TITLE

35 NAME

36 STREET ADDRESS

37 CITY- ST- ZIP

38 TITLE

39 NAME

40 STREET ADDRESS

41 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE

[Signature]

4-30-97

[Signature]

FILED
97 JUL -1 PM 3:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA



3. Date Incorporated or Qualified 09/18/1996
4. FID Number 59-3453743
3a. Date of Last Report
Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes [] Yes [X] No
10. Name and Address of New Registered Agent

CR2E034 (9/96)