

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 SEP 17 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **P96000101014 (4)**

1. Corporation Name

RITE BRAIN SOLUTIONS, INC.

Principal Place of Business

**10114 BENNINGTON DR
TAMPA FL 33626**

Mailing Address

**10114 BENNINGTON DR
TAMPA FL 33626**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/13/1996	3a. Date of Last Report NA
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3418550	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

**KAGAN, EDWIN B
2709 ROCKY POINT DR
SUITE 102
TAMPA FL 33607**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

10. Name and Address of New Registered Agent

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's 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAKES, ANDREW D	1.2 NAME	
STREET ADDRESS	10114 BENNINGTON DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33626	1.4 CITY-ST-ZIP	
TITLE	DVST <input type="checkbox"/> DELETE	2.1 TITLE	900002299729 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAKES, DANA F	2.2 NAME	-09/22/97--01112--025
STREET ADDRESS	10114 BENNINGTON DR	2.3 STREET ADDRESS	****165.00 ****165.00
CITY-ST-ZIP	TAMPA FL 33626	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 do 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 unchanged, or on an attachment with an address.

SIGNATURE:

Dana F. Hakes

DANA F. HAKES

9/14/97

CR2E034 (4/97)

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September 14, 1997

Florida Department of State

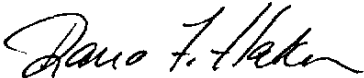
RE: 1997 Profit Corporation Annual Report
2nd Notice

Enclosed please find the 1997 Profit Corporation Annual Report for Rite Brain Solutions, Inc. Also enclosed please find a check for \$165.00 (one hundred sixty-five dollars).

We were surprised to receive the 2nd notice, since we never received the first notice. I called the Florida Department of State and spoke to two employees on two separate occasions. I told both of them that we had never received the first form. Their advice was to write this letter stating that we never received the first form. Also, they advised me that we only had to pay the \$165 and not pay the late fee.

Your understanding is appreciated. Should you have any questions, I can be reached at 813-891-6144.

Sincerely,



Dana F. Hakes
Secretary