


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

FILED
May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000102622 1. Corporation Name Aust Enterprises, Inc.			
Principal Place of Business 16614 Willow Glen Dr. Odessa, FL 33556		Mailing Address 16614 Willow Glen Dr. Odessa, FL 33556	
2. Principal Place of Business 21 16614 Willow Glen Dr. Suite, Apt. #, etc. 22 City & State 23 Odessa, FL Zip Country 24 33556 25 USA		2a. Mailing Address 26 16614 Willow Glen Dr. Suite, Apt. #, etc. 27 City & State 28 Odessa, FL Zip Country 29 33556 30 USA	
3. Date Incorporated or Qualified 12/20/96			
4. FEI Number 59-3415254 Applied For 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent Laurence Goodrich 100 S. Ashley Drive Suite 1745 Tampa, FL 33602		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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, if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President NAME Dennis Aust STREET ADDRESS 16614 Willow Glen Dr. CITY-ST-ZIP Odessa, FL 33556		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE Secretary NAME Laurence Goodrich STREET ADDRESS 100 S. Ashley Dr. Suite 1745 CITY-ST-ZIP Tampa, FL 33602		2.1 TITLE 2.2 NAME Karen Aust 2.3 STREET ADDRESS 16614 Willow Glen Dr. 2.4 CITY-ST-ZIP Odessa, FL 33556	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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.		100002538091 -05/28/98--01012--035 ***150.00	
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-29-98 813-926-9722 Date Daytime Phone #	

CR2E034 (10/97)