

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000005104 (9) N/C 2/12/98

1. Corporation Name
~~SMALL FEAT, INC.~~

Changed to:
Foster America, Inc.

Principal Place of Business 1012 GOODLETTE ROAD NO STE 201 NAPLES FL 34102	Mailing Address 1012 GOODLETTE ROAD NO STE 201 NAPLES FL 34102
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/08/1997	
4. FEI Number 65-0723880	Applied For <input type="checkbox"/> 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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent SIKET, ANDREW G 2640 GOLDEN GATE PARKWAY STE 315 NAPLES FL 34105		10. Name and Address of New Registered Agent	
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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Director
NAME	WALLER, EDWARD A JR	1.2 NAME	Robert William Wesner
STREET ADDRESS	1012 GOODLETTE ROAD NO STE 201	1.3 STREET ADDRESS	1484 Osprey Avenue
CITY-ST-ZIP	NAPLES FL 34102	1.4 CITY-ST-ZIP	Naples, FL 34102
TITLE	D	2.1 TITLE	
NAME	BEAN, CINDY	2.2 NAME	
STREET ADDRESS	210 NOTTINGHAM DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34109	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	BARKLEY, BILL	3.2 NAME	
STREET ADDRESS	3733 PRIEST LAKE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37217	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	100002529521
STREET ADDRESS		4.3 STREET ADDRESS	-05/19/98--01080--020
CITY-ST-ZIP		4.4 CITY-ST-ZIP	***158.75
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE _____

CR2E034 (10/97)