


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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90014 038 ***150.00

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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 # P97000006763

1. Corporation Name
160 SHORT, INC.



Principal Place of Business 421 NORTH OSCEOLA AVENUE SUITE 300 CLEARWATER FL 33755 US	Mailing Address 421 NORTH OSCEOLA AVENUE SUITE 300 CLEARWATER FL 33755 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 946 Bay Esplanade Suite, Apt. #, etc. 22 City & State 23 Clearwater, FL Zip 24 33767 Country 25 USA	2a. Mailing Address 26 946 Bay Esplanade Suite, Apt. #, etc. 27 City & State 28 Clearwater, FL Zip 29 33767 Country 30 USA
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3. Date Incorporated or Qualified 01/23/1997	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3430099	
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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LOGAN, FRANK C 121 NORTH OSCEOLA AVENUE SUITE 300 CLEARWATER FL 33755	10. Name and Address of New Registered Agent 81 Name Dana Y Coston 82 Street Address (P.O. Box Number is Not Acceptable) 1870 Jessica Rd. 83 84 City Clearwater, FL 85 Zip Code 33765
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11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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  DATE **3/26/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, DEAN	1.2 NAME	
STREET ADDRESS	121 NORTH OSCEOLA AVENUE, SUITE 300	1.3 STREET ADDRESS	946 Bay Esplanade
CITY-ST-ZIP	CLEARWATER FL 33755	1.4 CITY-ST-ZIP	Clearwater, FL 33767
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOGAN, FRANK C	2.2 NAME	Dana Y Coston
STREET ADDRESS	121 NORTH OSCEOLA AVENUE, SUITE 300	2.3 STREET ADDRESS	946 Bay Esplanade
CITY-ST-ZIP	CLEARWATER FL 33755	2.4 CITY-ST-ZIP	Clearwater, FL 33767
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 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:

SIGNATURE REQUIRED

3/26/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (11/98)