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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

DOCUMENT # **P97000006763**
 1. Corporation Name
160 SHORT, INC.



Principal Place of Business Mailing Address

~~421 NORTH OSCEOLA AVENUE~~
~~SUITE 300~~
~~CLEARWATER FL 33755~~
 US

~~421 NORTH OSCEOLA AVENUE~~
~~SUITE 300~~
~~CLEARWATER FL 33755~~
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 946 Bay Esplanade 26 946 Bay Esplanade

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 Clearwater, FL 28 Clearwater, FL

Zip Country Zip Country

24 33767 25 USA 29 33767 30 USA

3. Date Incorporated or Qualified
01/23/1997

4. FEI Number Applied For

59-3430099 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 owes the current year Intangible Personal Property Tax. Yes 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

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 *[Signature]* DATE **3/26/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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]* DATE **3/26/99** Daytime Phone #

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR/FN/34 (11/98)