

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0006096

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000023013 (0)

1. Corporation Name
 TRANSITIONAL CONCEPTS, INC.

Principal Place of Business
 7018 DOREEN STREET
 TAMPA FL 33617

Mailing Address
 7018 DOREEN STREET
 TAMPA FL 33617



REINSTATEMENT

98-99 CD

3. Date Incorporated or Qualified
 03/13/1997
 4. FEI Number
 59-3452784 Applied For 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 or has paid the current year Intangible Personal Property Tax due June 30. [] Yes [] No
 10. Name and Address of New Registered Agent

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

9. Name and Address of Current Registered Agent

HUFF, WILLIAM E
 7018 DOREEN STREET
 TAMPA FL 33617

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 obligation of, section 607.0305, Florida Statutes.

SIGNATURE: William E. Huff
 Signature typed or printed name of registered agent and title, if applicable

Signature typed or printed name of registered agent and title, if applicable

4/21/99 DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[] DELETE
NAME	HUFF, WILLIAM E	
STREET ADDRESS	7018 DOREEN STREET	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[] Change [] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 -05/21/99-01113-011
 ****900.00 ****900.00

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: William E. Huff

813-988-0701

CR2E034 (5/98)

5/19/99