

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

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90017 015 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999

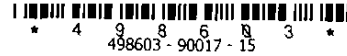


FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000042652

1. Corporation Name

Ocala Com & Jewelry, Inc.



Principal Place of Business

Mailing Address

3423 N.E. SILVER SPRINGS BLVD. Suite 1  
OCALA, FL. 34470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5-13-97

2. Principal Place of Business

2a. Mailing Address

21 3423 N.E. S.S. Blvd.

26 3423 N.E. S.S. Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1

27 Suite 1

City & State

City & State

23 OCALA, FLORIDA

28 OCALA, FL.

Zip

Country

Zip

Country

24 34470

25 U.S.A

29 34470

30 U.S.A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNSURE! Originally (new address)  
Daniel Hicks Attorney  
421 S. Pine Av Ocala  
FLORIDA

81 Name THERESA J. BARBERA  
82 Street Address (P.O. Box Number is Not Acceptable)  
3423 N.E. S.S. Blvd Suite 1  
83  
84 City OCALA FL 85 Zip Code 34470

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

Theresa Jean Barbera

4/22/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PRESIDENT	MICHAEL A. BARBERA	3423 N.E. S.S. Blvd. Suite 1	OCALA, FL. 34470	<input type="checkbox"/>
Secretary-Treasurer	Theresa J. BARBERA	3423 N.E. S.S. Blvd. Suite 1	OCALA, FL. 34470	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PRESIDENT	MICHAEL A. BARBERA	3423 N.E. S.S. Blvd Suite 1	OCALA, FL. 34470	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary-Treasurer	Theresa J. Barbera	3423 N.E. S.S. Blvd. Suite 1	OCALA, FL. 34470	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Theresa Jean Barbera Theresa Jean Barbera 4/22/99 352-732-8442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Leave the Phone #

CR2E034 (10/97)