


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

FILED

Jan 22 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 # P97000043709 (9)

1. Corporation Name
EASY RUNNING, INC.

Principal Place of Business 925 N BAY STREET EUSTIS FL 32726	Mailing Address 925 N BAY STREET EUSTIS FL 32726
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 925 N Bay St Suite, Apt. #, etc. EUSTIS FL. City & State 23 32726 Zip 24		2a. Mailing Address 26 925 N Bay St Suite, Apt. #, etc. City & State 28 EUSTIS FL. Zip 29 32726 Country 30		3. Date Incorporated or Qualified 05/16/1997	
				4. FEI Number 59-3452964-021800 Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input checked="" 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	

9. Name and Address of Current Registered Agent STEWART, BARBARA A 925 N BAY STREET EUSTIS FL 32726		10. Name and Address of New Registered Agent 81 Name BARBARA A. STEWART 82 Street Address (P.O. Box Number is Not Acceptable) 925 N BAY ST 83 84 City EUSTIS FL 85 Zip Code 32726	
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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 BARBARA A STEWART B Stewart 1-6-98
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, BARBARA A	1.2 NAME	
STREET ADDRESS	1925 SELLEEN DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32726	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, UNA L	2.2 NAME	
STREET ADDRESS	221 N MARY STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32726	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNON, LINDA	3.2 NAME	
STREET ADDRESS	35812 THRILL HILL ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32726	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.

SIGNATURE:

SIGNATURE REQUIRE Barbara Stewart 1-6-98 (352) 483-3488

CR2E034 (10/97)