


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

**FILED**  
**Jan 22, 1999 8:00am**  
**Secretary of State**

01-22-1999 90051 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000046362**

1. Corporation Name  
**TIRELESS OPPORTUNITIES, INC.**

Principal Place of Business <b>3702 WOODRIDGE PLACE PALM HARBOR FL 34684</b>	Mailing Address <b>3702 WOODRIDGE PLACE PALM HARBOR FL 34684</b>
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2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date incorporated or Qualified <b>05/23/1997</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-3447668</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip <b>24</b>		Zip <b>29</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Country <b>25</b>		Country <b>30</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>OLSON, JAMES D 3702 WOODRIDGE PLACE PALM HARBOR FL 34684</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS							
TITLE	D <b>OLSON, JAMES D</b> <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME	<b>3702 WOODRIDGE PLACE</b>			1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	<b>PALM HARBOR FL 34684</b>			1.2 NAME			
CITY-ST-ZIP				1.3 STREET ADDRESS			
				1.4 CITY-ST-ZIP			
				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
				2.2 NAME			
				2.3 STREET ADDRESS			
				2.4 CITY-ST-ZIP			
				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
				3.2 NAME			
				3.3 STREET ADDRESS			
				3.4 CITY-ST-ZIP			
				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
				4.2 NAME			
				4.3 STREET ADDRESS			
				4.4 CITY-ST-ZIP			
				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
				5.2 NAME			
				5.3 STREET ADDRESS			
				5.4 CITY-ST-ZIP			
				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
				6.2 NAME			
				6.3 STREET ADDRESS			
				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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/99** **727-784-3232**  
Date Daytime Phone #

CR2E034 (11/98)