

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

FILED
Jul 13 1998 8:00am
Secretary of State

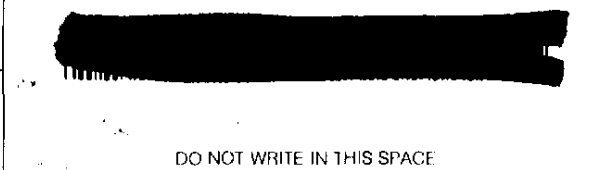
PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000047177(0)
 1. Corporation Name
119 NORTH COUNTY, INC

Principal Place of Business: 504 LUCERNE AVENUE LAKE WORTH FL 33460
 Mailing Address: 504 LUCERNE AVENUE LAKE WORTH FL 33460



2. Principal Place of Business
 21 **111 NORTH 'M' ST**
 Suite, Apt #, etc. **-**
 22 **-**
 City & State **LAKE WORTH, FL**
 Zip **33460** Country **P.R.**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/27/1997**

4. FEI Number **APPLIED FOR** 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

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent
 81 Name **EUGENE A. CONTI, Esq**
 82 Street Address (P.O. Box Number is Not Acceptable) **111 NORTH 'M' ST.**
 83 **-**
 84 City **LAKE WORTH** FL 85 Zip Code **33460**

11. Pursuant to the provisions of Sections 607.0507 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 date of appointment (typed Registered Agent Signature required for all filings)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GIAMMARESI, TONY		1.2 NAME EUGENE A. CONTI, TR
STREET ADDRESS 504 LUCERNE AVENUE		1.3 STREET ADDRESS 111 NORTH 'M' ST.
CITY-ST-ZIP LAKE WORTH FL 33480		1.4 CITY-ST-ZIP LAKE WORTH, FL 33460
TITLE STD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME UMOR, LINE		2.2 NAME
STREET ADDRESS 804 LUCERNE AVENUE		2.3 STREET ADDRESS
CITY-ST-ZIP LAKE WORTH FL 33460		2.4 CITY-ST-ZIP
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

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 ***150.00

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 _____

CR2E034 (10/97)

4/22/98 (261) 547-446