

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

FILED
Apr 23 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 # **P97000048652 (6)**

1. Corporation Name
DUTRO SYSTEMS, INC.



Principal Place of Business
**C/O 19 NEPTUNE AVE N
CLEARWATER FL 33765**

Mailing Address
**C/O 19 NEPTUNE AVE N
CLEARWATER FL 33765**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3665 EAST BAY DRIVE Suite, Apt #, etc. 22 SUITE 204-B City & State 23 LARGO, FL Zip 24 33771-1990		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/30/1997	
				4. FEI Number 59-3454342	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input 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 VINCENT, MICHAEL S 19 NEPTUNE AVE N CLEARWATER FL 33765		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCENT, SANDRA K	1.2 NAME	
STREET ADDRESS	19 NEPTUNE AVE N	1.3 STREET ADDRESS	
CITY- ST- ZIP	CLEARWATER FL 33765	1.4 CITY- ST- ZIP	
TITLE	D, P, T	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLY K. WEISEL	2.2 NAME	
STREET ADDRESS	1901 OAKDALE LANE NORTH	2.3 STREET ADDRESS	
CITY- ST- ZIP	CLEARWATER, FL 33771	2.4 CITY- ST- ZIP	
TITLE	D, VP, S	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANDALL L. WEISEL	3.2 NAME	
STREET ADDRESS	1901 OAKDALE LANE NORTH	3.3 STREET ADDRESS	
CITY- ST- ZIP	CLEARWATER, FL 33771	3.4 CITY- ST- ZIP	
TITLE		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		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		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: **HOLLY K. WEISEL** **PRESIDENT** **4-17-98** **813-536-5787**

CR2E034 (10/97)