

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000062896
 1. Corporation Name
DO OVER INC.

Principal Place of Business: **4125 CLEVELAND AVE SPACE K-7 FT. MYERS, FL 33901**
 Mailing Address: **309 S.E. 18TH STREET CAPE CORAL, FL 33990**

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified: **07/18/97**

2. Principal Place of Business: **4125 Cleveland ave SPACE K-7 FT. MYERS, FL 33901**
 2a. Mailing Address: **309 S.E. 18TH STREET CAPE CORAL, FLORIDA 33990**
 23. City & State: **CAPE CORAL, FLORIDA**
 24. Zip: **33901** 25. Country: **U.S.**
 29. Zip: **33990** 30. Country: **US**

4. FEI Number: **65-0768040**
 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

10. Name and Address of New Registered Agent
 81 Name: **DAVID J. MANIN**
 82 Street Address (P.O. Box Number is Not Acceptable): **309 S.E. 18TH STREET**
 83
 84 City: **CAPE CORAL** 85 Zip Code: **FL 33990**

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: **DAVID J. MANIN, PRESIDENT** DATE: **04/29/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	DAVID J. MANIN
STREET ADDRESS		1.3 STREET ADDRESS	309 S.E. 18TH STREET
CITY-ST-ZIP		1.4 CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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	55
STREET ADDRESS		5.3 STREET ADDRESS	5-21
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	500002532445
STREET ADDRESS		6.3 STREET ADDRESS	-05/22/98--01004--032
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***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.

DAVID J. MANIN, PRESIDENT

CR2E04 (10/97)