

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
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/18/97

2. Principal Place of Business 21 4125 4125 CLEVELAND AVE Suite, Apt. #, etc. 22 SPACE K-7 City & State 23 FT. MYERS, FL Zip 24 33901	2a. Mailing Address 26 309 S.E. 18TH STREET Suite, Apt. #, etc. 27 City & State 28 CAPE CORAL, FLORIDA Zip 29 33990	4. FEL Number 65-0768040 Applied For Not Applicable 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
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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
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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 DAVID J. MANIN, PRESIDENT

04/29/98

Signature typed or printed below, of registered agent and filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	D/P/S/T <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	
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	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

CR2E034 (10/97)