


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

FILED  
Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90030 004 \*\*\*150.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000064233</b>					
1. Corporation Name <b>ASCOT HOUSE ENTERPRISES, INC.</b>					
Principal Place of Business <b>7973 THIRD AVENUE SOUTH ST. PETERSBURG FL 33707</b>			Mailing Address <b>7973 THIRD AVENUE SOUTH ST. PETERSBURG FL 33707</b>		
2. Principal Place of Business <b>21 3434 Zara Way</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Clearwater Fl</b> Zip <b>24 33761</b>		2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b>		Country <b>30</b>	
9. Name and Address of Current Registered Agent <b>MCATEE, CAROL 7973 THIRD AVENUE SOUTH ST. PETERSBURG FL 33707</b>			10. Name and Address of New Registered Agent <b>81 Name Albert Jacobs</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 3434 Zara Way</b> <b>83</b> <b>84 City Clearwater, FL 85 Zip Code 33761</b>		
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 <i>[Signature]</i> <b>ALBERT G. JACOBS</b> DATE <b>4/1/99</b> <small>Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>MCATEE, CAROL</b>	1.2 NAME	<b>ALBERT JACOBS</b>		
STREET ADDRESS	<b>7973 THIRD AVENUE SO</b>	1.3 STREET ADDRESS	<b>3434 ZARA WAY</b>		
CITY-ST-ZIP	<b>ST PETERSBURG FL 33707</b>	1.4 CITY-ST-ZIP	<b>CLEARWATER, FL 33761</b>		
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ALBERT JACOBS</b>	2.2 NAME			
STREET ADDRESS	<b>3434 ZARA WAY</b>	2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CLEARWATER, FL 33761</b>	2.4 CITY-ST-ZIP			
TITLE		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		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, with all other like empowered.

SIGNATURE:

*[Signature]* **ALBERT G. JACOBS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99

Date

Daytime Phone #

CR2E034 (11/98)