


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 20, 1999 8:00 am
Secretary of State
 09-20-1999 90003 044 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000072731

1. Corporation Name
GIVEN, INC.



Principal Place of Business 131 REDSTONE AVENUE. SE SUITE 105 CRESTVIEW FL 32539	Mailing Address 131 REDSTONE AVENUE. SE SUITE 105 CRESTVIEW FL 32539
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/20/1997

2. Principal Place of Business 21 150 E. REDSTONE AVE	2a. Mailing Address 26 SAME
Suite, Apt. #, etc. 22 A	Suite, Apt. #, etc. 27 SAME
City & State 23 CRESTVIEW	City & State 28 SAME
Zip 24 32539	Country 25 OKLAHOMA
Zip 29 SAME	Country 30 SAME

4. FEI Number 59-3467539	Applied For <input type="checkbox"/> 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 the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No N/A	

9. Name and Address of Current Registered Agent

HELMICH, KEVIN M
C/O THE LAW OFFICES OF KEVIN HELMICH
155 CRYSTAL BEACH DRIVE
DESTIN FL 32541

OK

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	NOT APPLICABLE
83	
84 City	FL
85 Zip Code	

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	D
NAME	GIVEN, ANA M	1.2 NAME	GIVEN, ANA M
STREET ADDRESS	131 REDSTONE AVE SE	1.3 STREET ADDRESS	150 E. REDSTONE AVE, STE A
CITY-ST-ZIP	CRESTVIEW FL 32539	1.4 CITY-ST-ZIP	CRESTVIEW, FL 32539
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Change Addition

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: **Signature Required** 9/15/99 (810)689-3300

CR2E034 (5/99)