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Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90014 026 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000074774</b> 1. Corporation Name <b>FERRIGAN ENTERPRISES, INC.</b>			
Principal Place of Business <b>21 LUNCE RD 16015 MacCall Rd ENGLEWOOD FL 34223 US</b>		Mailing Address <b>452 BELLINI CIR 6048 Blue Ash Ave NOKOMIS FL 34275 Sarasota, FL 34241</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23</b>		City & State <b>28</b>	
Zip <b>24</b>		Country <b>25</b>	
Country <b>25</b>		Country <b>30</b>	
9. Name and Address of Current Registered Agent <b>STEPHEN F. VOIGT, P.A. 2414 BEE RIDGE RD SARASOTA FL 34239</b>			
10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS 1.1 TITLE <b>P</b> <input type="checkbox"/> DELETE 1.2 NAME <b>FERRIGAN, JOSEPH P</b> 1.3 STREET ADDRESS <b>452 BELLINI CIR</b> 1.4 CITY-ST-ZIP <b>NOKOMIS FL 34275</b> 1.5 TITLE <b>VPS</b> <input type="checkbox"/> DELETE 1.6 NAME <b>FERRIGAN, VIRGINIA</b> 1.7 STREET ADDRESS <b>452 BELLINI CIR</b> 1.8 CITY-ST-ZIP <b>NOKOMIS FL 34275</b> 1.9 TITLE <input type="checkbox"/> DELETE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP 1.13 TITLE <input type="checkbox"/> DELETE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP 1.17 TITLE <input type="checkbox"/> DELETE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.6 NAME 1.7 STREET ADDRESS 1.8 CITY-ST-ZIP 1.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP 1.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP 1.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.18 NAME 1.19 STREET ADDRESS 1.20 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-99 (941) 474-4601

CR2E034 (11/98)

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