


PROFIT CORPORATION ANNUAL REPORT 1999




FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000096288
1. Corporation Name
FASCORP. INC.

4482

FILED
99 NOV -2 AM 11:06
SECRETARY OF STATE



Principal Place of Business: 3635 131ST AVE NORTH CLEARWATER FL 34622
Mailing Address: 3635 131ST AVE NORTH CLEARWATER FL 34622

DO NOT WRITE IN THIS SPACE
3. Date incorporated or Qualified
11/12/1997

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		5. Certificate of Status Desired		6. Election Campaign Financing Trust Fund Contribution	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3477045		<input type="checkbox"/>		<input type="checkbox"/>	
City & State		City & State		FL		85		Zip Code	
Zip		Country		Zip		Country		8. This corporation owes the current year Intangible Personal Property Tax.	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	

Applied For: Not Applicable
\$8.75 Additional Fee Required
\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
HOWARD, G E
3635 131 AVE N
ST PETE FL 33762

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 807.1508, 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: *Gary E Howard* DATE: _____
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HOWARD, GARY E	1.2 NAME	
STREET ADDRESS	3635 131ST AVE NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34622	1.4 CITY-ST-ZIP	
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	

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	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> 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 807, 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]* DATE: 3-24-99 TIME: 727-572-1114
572-9767

CR2E034 (11/88)

Division of Corporations

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I spoke with you
today in ref to 097000096288
as I told you on the phone my
check for 150.00 check #
15931 was sent in on 3.24.99
I did not hear anything from
you all until now saying it
was late I am requesting
that you waive late fees
and reinstate my corporation

Thank you
for Corp One
Kathleen Howard