

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"/> \$8.75 Additional Fee Required		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State						8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		Zip		Country			

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOWARD, GARY E	
STREET ADDRESS	3635 131ST AVE NORTH	
CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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