


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

0504417

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90005 016 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000100284**

1. Corporation Name  
**GATORSKTCH, INC.**

Principal Place of Business 2450 SHELBY LANE CLERMONT FL 34711	Mailing Address 2450 SHELBY LANE CLERMONT FL 34711
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified <b>11/24/1997</b>	4. FEI Number <b>59-3476652</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**WITTEK, DAVID K**  
**580 FRANKLIN AVE.**  
**ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VS	<input type="checkbox"/> DELETE
NAME	PIERCE, ROGER A	
STREET ADDRESS	228 HIGHLANDS GLEN CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	PIERCE, NANCY A	
STREET ADDRESS	228 HIGHLANDS GLEN CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
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	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PIERCE, ROGER A.	
1.3 STREET ADDRESS	2450 SHELBY LANE	
1.4 CITY-ST-ZIP	CLERMONT FL 34711	
2.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PIERCE, NANCY A.	
2.3 STREET ADDRESS	2450 SHELBY LANE	
2.4 CITY-ST-ZIP	CLERMONT, FL. 34711	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WITTEK, DAVID K.	
3.3 STREET ADDRESS	580 FRANKLIN AVE	
3.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, upon an attachment with an address, with all other like empowered.

SIGNATURE:  **ROGER A. PIERCE, V. PRES.** **1-5 99 352/344-3849**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)