


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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90113 042 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000100451					
1. Corporation Name DR. JOE BUGS HOME SERVICES INC.					
Principal Place of Business 8728 N.W. 18TH CT. CORAL SPRINGS FL 33071			Mailing Address 8728 N.W. 18TH CT. CORAL SPRINGS FL 33071		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4900 NW 15th street		26 4900 NW 15th street		11/25/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 BAY 4488		27 BAY 4488		65-0815594	
City & State		City & State		Applied For	
23 MARGATE FL		28 MARGATE FL		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24 33063		25 BROWARD		8.75 Additional Fee Required	
29 33063		30 BROWARD		6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				Yes No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
GENE S. BONHAM, C.P.A., P.A. 1999 N. UNIVERSITY DRIVE SUITE 212 CORAL SPRINGS FL 33071			81 Name JOSEPH D. HENRY		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			3688 CORAL TREE CIRCLE		
			83		
			84 City		
			CORONADO CREEK FL		
			85 Zip Code		
			33073		
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 JOSEPH D. HENRY					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
DATE 4/28/99					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
P/S					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
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, or on an Attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

(954) 917-1073

Daytime Phone #

CR2E034 (11/98)