


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

002964

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90064 029 \*\*\*150.00

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 # P98000000547**

1. Corporation Name  
**NITROSPORT MARKETING SERVICES, INC.**



Principal Place of Business 602 INDIAN RIVER BLVD. SUITE 201 EDGEWATER FL 32141	Mailing Address 602 INDIAN RIVER BLVD. SUITE 201 EDGEWATER FL 32141
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 602 Indian Blvd Suite, Apt. #, etc. 22 Suite 203 City & State 23 Edgewater, FL Zin 24 32141	2a. Mailing Address 26 same Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA
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3. Date Incorporated or Qualified <b>01/02/1998</b>	4. FEI Number 59-3483669	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**COTE, SHERRY M**  
**2220 HIBISCUS DRIVE STE 4**  
**EDGEWATER FL 32141**

10. Name and Address of New Registered Agent  
 81 Name  
**Sherry Cote-Jarvis**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**602 Indian River Blvd**  
 83  
**Suite 201**  
 84 City  
**Edgewater** **FL** 85 Zip Code  
**32141**

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 *Sherry Cote-Jarvis* (NOTE: Registered Agent signature required when reinstating) DATE **1/11/99**

12. OFFICERS AND DIRECTORS

TITLE	PSTD <input type="checkbox"/> DELETE
NAME	COTE, EDMOND H JR
STREET ADDRESS	459 S BENTON CARROLL RD
CITY-ST-ZIP	OAK HARBOR OH 43449
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	
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 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 *Edmond H. Cote, Jr.* DATE **1/11/99** DAYTIME PHONE # **904-428-4322**

CR2E034 (1/98)