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Mar 10, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000002532

1. Corporation Name  
TWO HUTS, INC.

Principal Place of Business  
1620 GULF OF MEXICO DR.  
LONGBOAT KEY FL 34228

Mailing Address  
% STEPHEN J. MITCHELL, ESQ.  
P.O. BOX 3433  
TAMPA FL 33601



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/09/1998

4. FEI Number  
65-0809841  
Applied For  
Not Applicable

5. Certificate of Status Desired -  **\$8.75** Additional Fee Required

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

2. Principal Place of Business  
21  
22 Suite, Apt. #, etc.  
23 City & State  
24 Zip Country  
25  
26  
27 Suite, Apt. #, etc.  
28 City & State  
29 Zip Country  
30

9. Name and Address of Current Registered Agent

MITCHELL, STEPHEN J  
201 N. FRANKLIN STREET  
SUITE 2100  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE  
NAME D  
STREET ADDRESS KLAUBER, MURRAY J  
CITY-ST-ZIP 1620 GULF OF MEXICO DR.  
LONGBOAT KEY FL 34228  
[DELETE]  
[DELETE]  
[DELETE]  
[DELETE]  
[DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE P/S/T  
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 or changed upon an attachment with an address, with all other like empowered.

SIGNATURE: Murray J. Klauber, President 2/15/99 941/383-7419  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)