


FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90090 003 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000008979

1. Corporation Name
A-1 HOLDINGS, INC.

Principal Place of Business 54 NORTHEAST FOURTH AVENUE DELRAY BEACH FL 33483	Mailing Address 54 NORTHEAST FOURTH AVENUE DELRAY BEACH FL 33483
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6020 LE LAC ROAD Suite, Apt. #, etc.		2a. Mailing Address 26 6020 LE LAC ROAD Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/28/1998	
22 City & State 23 BOCA RATON, FL		27 City & State 28 BOCA RATON, FL		4. FEI Number 65-0810146	
24 Zip 33496		25 Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
26 Zip 33496		27 Country U.S.A.		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
28 Zip 33496		29 Country U.S.A.		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

STRAWN, JOEL T
54 NORTHEAST FOURTH AVENUE
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name H. RIC LUHRS	82 Street Address (P.O. Box Number is Not Acceptable) 6020 LE LAC ROAD
83	84 City BOCA RATON
85 Zip Code 33496	

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

Signature of principal officer or registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

3/15/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUHRS, H. RIC 6020 LELAC ROAD BOCA RATON FL 33496	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D/P/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D/VP/T LACY, PATRICIA D. 99 MARGRET DRIVE MECHANICSBURG, PA 17257 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

RECHURIC LUHRS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

Date

(561) 994-2556

Daytime Phone #

CR2E034 (1/98)