


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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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Principal Place of Business	Mailing Address
838 NEOPOLITAN WY NAPLES FL 34103	838 NEOPOLITAN WY NAPLES FL 34103

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/03/1998		4. FEI Number 31-1593652		Applied For	
21	838 NEAPOLITAN WAY	26	838 NEAPOLITAN WAY					Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
22		27							
City & State		City & State		6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees			
23		28		Trust Fund Contribution					
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24	25	29	30						

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JACKEMEYER, ELWOOD E 1797 WINDING OAKS WY NAPLES FL 34103	81	Name	
	82	Street Address (P.O. Box Number is Not Acceptable)	
	83		
	84	City	85
		FL	34109

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	PRESIDENT
STREET ADDRESS		1.3 STREET ADDRESS	ELWOOD E JACKEMEYER
CITY-ST-ZIP		1.4 CITY-ST-ZIP	1797 WINDING OAKS WAY NAPLES FL 34109
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	SECRETARY/TREASURER
STREET ADDRESS		2.3 STREET ADDRESS	NANCY M JACKEMEYER
CITY-ST-ZIP		2.4 CITY-ST-ZIP	1797 WINDING OAKS WAY NAPLES FL 34109
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 in 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 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 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

Elwood E. Jackmeyer ELWOOD E. JACKMEYER

1-7-99 941-261-49
Daytime Phone #