


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

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Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90059 010 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000017094

1. Corporation Name
THIS WAY OUT, INC.

Principal Place of Business 201 DOUGLAS ROAD STE 10 OLDSMAR FL 34677	Mailing Address 201 DOUGLAS ROAD STE 10 OLDSMAR FL 34677
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3350 Ulmerton Rd Suite, Apt. #, etc. 22 7 City & State 23 Clearwater FL Zip 24 33762	2a. Mailing Address 26 3350 Ulmerton Rd Suite, Apt. #, etc. 27 7 City & State 28 Clearwater FL Zip 29 33762	4. FEI Number 59-3493975	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Richard Contino
82 Street Address (P.O. Box Number is Not Acceptable) 3350 Ulmerton Rd
83 Suite 7.
84 City Clearwater
85 Zip Code FL 33762

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 **Richard Contino - President** DATE **3-29-99**

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 PD	<input type="checkbox"/> DELETE	1.1 TITLE Change <input checked="" type="checkbox"/> Addition	
NAME COTINO, RICHARD J		1.2 NAME CONTINO, Richard	
STREET ADDRESS 201 DOUGLAS RD, STE 10		1.3 STREET ADDRESS 3350 Ulmerton Rd	
CITY-ST-ZIP OLDSMAR FL 34677		1.4 CITY-ST-ZIP Clearwater, FL 33762	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE Change <input checked="" type="checkbox"/> Addition	
NAME COTINO, BOBBI J		2.2 NAME CONTINO, Bobbi Jean	
STREET ADDRESS 201 DOUGLAS RD, STE 10		2.3 STREET ADDRESS 3350 Ulmerton Rd #7	
CITY-ST-ZIP OLDSMAR FL 34677		2.4 CITY-ST-ZIP Clearwater, FL, 33762	
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	

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: **JEAN CONTINO**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-99 **727) 571-2233**
 Date Daytime Phone #

CR2E034 (11/98)