

FILED
Mar 02, 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
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DOCUMENT # P98000038576

1. Corporation Name
RUSTY PICTURES, INC.



Principal Place of Business
**4301 VINELAND RD., STE. E-3
 ORLANDO FL 32811**

Mailing Address
**4301 VINELAND RD., STE. E-3
 ORLANDO FL 32811**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5457bHansel Ave.		2a. Mailing Address 26 same		3. Date Incorporated or Qualified 04/27/1998	
Suite, Apt. #, etc. 22 #L-10		Suite, Apt. #, etc. 27		4. FEI Number 59-3511573 038412	
City & State 23 Orlando, Florida		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32809		Country 25 USA		8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Zip 30		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

**CAMPBELL, JOHN M
 1211 SEMORAN BLVD., STE. 171
 CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent

81 Name	John M. Rustad, Jr.
82 Street Address (P.O. Box Number is Not Acceptable)	5457 Hansel Ave.
83	#L-10
84 City	Orlando
85 State	FL
86 Zip Code	32809

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]* **John M. Rustad, Jr./President** **1-8-99**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	John M. Rustad, JR.
STREET ADDRESS		1.3 STREET ADDRESS	5457 Hansel Ave. #L-10
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Orlando, FL 32809
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Nancy K. Rustad
STREET ADDRESS		2.3 STREET ADDRESS	5457 Hansel Ave. #L-10
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Orlando, FL 32809
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: *[Signature]* **Nancy K. Rustad/Secretary** **1/8/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)