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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 # P98000043458

1. Corporation Name

STRATEGIC & TACTICAL ANALYSIS TEAM, INC.
 Principal Place of Business
 100 E MADISON ST STE 102
 TAMPA FL 33602

 Mailing Address
 100 E MADISON ST STE 102
 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21 658 LAKE VILLAS DR.		26 658 LAKE VILLAS DR.		05/11/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 ALTAMONTE SPRINGS, FL		27 ALTAMONTE SPRINGS, FL		59-3515371	
City & State		City & State		Applied For	
23		28 32701-4909		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24 32701-4909		25 USA		29	
29		30 USA		31	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HOFFMAN, TERRY				81 Name	
100 E MADISON ST STE 102				82 Street Address (P.O. Box Number is Not Acceptable)	
TAMPA FL 33602				658 LAKE VILLAS DR.	
				83 ALTAMONTE	
				84 City	
				SPRINGS	
				FL	
				85 Zip Code	
				32701-4909	
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		TERRY GEORGE HOFFMAN		DATE	
Terry George Hoffman		TERRY GEORGE HOFFMAN		April 29, 1999	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES.	1.1 TITLE	PRES.
NAME	TERRY GEORGE HOFFMAN	1.2 NAME	TERRY GEORGE HOFFMAN
STREET ADDRESS	658 LAKE VILLAS DR.	1.3 STREET ADDRESS	658 LAKE VILLAS DR.
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: Terry George Hoffman (TERRY) G. HOFFMAN APRIL 29, 1999 407-421-5446
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 407-265-2200

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