


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

05-17-1999 90001 029 ****61.25

06-01-1999 90009 002 ****88.75

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000048188					
1. Corporation Name I. F. E. INC.					
Principal Place of Business 1299 Main Street Suite F Dunedin, FL 34698-5333			Mailing Address 1299 Main Street Suite F Dunedin, FL 34698-5333		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/29/1998 4. FEI Number <input checked="" type="checkbox"/> Applied For <input checked="" 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	
9. Name and Address of Current Registered Agent Tanke L Robert L. 1299 Main Street Suite F Dunedin FL 34698-5333			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 <input type="checkbox"/> DELETE TITLE P NAME Scott, Donna M. STREET ADDRESS 1299 Main Street Suite F CITY-ST-ZIP Dunedin, FL 34698-5333 <input checked="" type="checkbox"/> DELETE TITLE S NAME Zadrowski, Robert STREET ADDRESS 1299 Main Street Suite F CITY-ST-ZIP Dunedin, FL 34698-5333 <input type="checkbox"/> DELETE TITLE S NAME Scott, Donna M. STREET ADDRESS 1299 Main Street Suite F CITY-ST-ZIP Dunedin, FL 34698-5333 <input checked="" type="checkbox"/> DELETE TITLE V NAME Zadrowski, Robert STREET ADDRESS 1299 Main Street Suite F CITY-ST-ZIP Dunedin, FL 34698-5333 <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP 			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE S 1.2 NAME Norr, Ron 1.3 STREET ADDRESS 1299 Main Street Suite F 1.4 CITY-ST-ZIP Dunedin, FL 34698-5333 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.1 TITLE P 2.2 NAME Scott, Stephen M. 2.3 STREET ADDRESS 1299 Main Street Suite F 2.4 CITY-ST-ZIP Dunedin, FL 34698-5333 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 617, 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:

Donna M. Scott Secretary **Donna M. Scott** 4/29/99 727/736-1901
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)