

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 Mailing Address
1299 Main Street Suite F 1299 Main Street Suite F
Dunedin, FL 34698-5333 Dunedin, FL 34698-5333

21	2. Principal Place of Business	26	2a. Mailing Address	3.	Date Incorporated or Qualified
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/29/1998
22	City & State	27	City & State	4.	FEI Number
23	Zip	28	Country		Applied For
24	Country	29	Country		<input checked="" type="checkbox"/> Not Applicable
		30		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		10. Name and Address of New Registered Agent	
Tanke L Robert L.		81	Name
1299 Main Street Suite F		82	Street Address (P.O. Box Number is Not Acceptable)
Dunedin FL 34698-5333		83	
		84	City
		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P Scott, Donna M.	1.2 NAME	
STREET ADDRESS	1299 Main Street Suite F	1.3 STREET ADDRESS	
CITY-ST-ZIP	Dunedin, FL 34698-5333	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S Zadrowski, Robert	2.2 NAME	Norr, Ron
STREET ADDRESS	1299 Main Street Suite F	2.3 STREET ADDRESS	1299 Main Street Suite F
CITY-ST-ZIP	Dunedin, FL 34698-5333	2.4 CITY-ST-ZIP	Dunedin, FL 34698-5333
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott, Donna M.	3.2 NAME	Scott, Stephen M.
STREET ADDRESS	1299 Main Street Suite F	3.3 STREET ADDRESS	1299 Main Street Suite F
CITY-ST-ZIP	Dunedin, FL 34698-5333	3.4 CITY-ST-ZIP	Dunedin, FL 34698-5333
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V Zadrowski, Robert	4.2 NAME	
STREET ADDRESS	1299 Main Street Suite F	4.3 STREET ADDRESS	
CITY-ST-ZIP	Dunedin, FL 34698-5333	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 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 (1/98)