

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

PROFIT
CORPORATION
ANNUAL REPORT
1999

Katharine Ha

Secretary of State

DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS

FILED

00 FEB 15 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



5/04/99 90134/016 \$150.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000052387
Corporation Name
EZ OUT INVESTMENT GROUP, INC.

Principal Place of Business
3905 S. SHADE AVE., STE. A
SARASOTA FL 34241

Mailing Address
3905 S. SHADE AVE., STE. A
SARASOTA FL 34241

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
Suite, Apt. #, etc.	26	06/03/1998	65-0860323	Not Applicable
City & State	27	5. Certificate of Status Desired	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	28	6. Election Campaign Financing Trust Fund Contribution	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Country	29	8. This corporation owes the current year Intangible Personal Property.	8. This corporation owes the current year Intangible Personal Property.	Yes No

9. Name and Address of Current Registered Agent

SIMON, DAVID S
523 SOUTH WASHINGTON BLVD.
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name HAROLD S WAGGONER
82 Street Address (P.O. Box Number is Not Acceptable) 3905 S SHADE AVE STE A
83
84 City SARASOTA FL 85 Zip Code 34231

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D SIMON, STEPHEN 3905 S. SHADE AVE., STE. A SARASOTA FL 34241	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D WAGGONER, HAROLD S 3905 S. SHADE AVE., STE. A SARASOTA FL 34241	<input type="checkbox"/> DELETE	1.2 NAME	600003140856-4
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	-02/21/00--01023-008
	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	****150.00 3423/00
	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME	3423/
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.2 NAME	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.2 NAME	LS
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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.

SIGNATURE: x

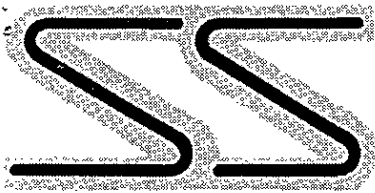
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99 941-924-1825

②



JAN. 10, 2000

FLORIDA DEPT OF STATE
P.O. BOX 6327
TALLAHASSEE, FL. 32314

ATT. DIVISION OF CORPORATIONS

PER MY TELEPHONE CALL THIS AM., I
WAS INSTRUCTED TO WRITE THIS LETTER TO
REACTIVATE OUR ACCOUNT. THE ORIGINAL ANNUAL
REPORT WAS TIMELY FILED AND PAID FOR. (COPY OF
CHECK YOU CASHED FROM OUR BANK) ENCLOSED).
IN EARLY MAY YOU SENT BACK THE ORIGINAL
FORM FOR A SIGNATURE TO CHANGE THE REGISTERED
AGENT. WE SIGNED AND RETURNED IT.

NOW WE HAVE BEEN DISSOLVED WHICH IS
AN ERROR.

ENCLOSED PLEASE FIND A CHECK FOR \$150 —
FOR THE CURRENT FEE FOR THE YEAR 2000. ALSO FIND
A COPY (ANOTHER ORIGINAL) OF THE 1999 FORM WITH THE
PROPER SIGNATURES FOR YOUR RECORDS. WE WOULD
APPRECIATE YOUR WAIVING THE PENALTIES AND FILE OUR
YR. 2000. THANKS VERY MUCH FOR YOUR CO-OPERATION.

EZ OUT INVESTMENT GROUP, INC. *Stephen Simon*

STEPHEN SIMON

3905 SOUTH SHADE AVENUE • SARASOTA, FLORIDA 34231 • (813) 924-2219 OR (813) 924-1825