


**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90092 003 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000053470</b> 1. Corporation Name <b>FLORIDA ASSET SYSTEMS, INC.</b>					
Principal Place of Business <b>1899 SYKES CREEK DR.          MERRITT ISLAND FL 32953</b>			Mailing Address <b>1899 SYKES CREEK DR.          MERRITT ISLAND FL 32953</b>		
2. Principal Place of Business <b>21 239 Cove Loop Drive</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 P.O. Box 541558</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>06/12/1998</b>	
22 City & State <b>23 Merritt Island FL</b>		27 City & State <b>28 Merritt Island FL</b>		4. FEI Number <b>59-3519554</b>	
24 Zip <b>32953</b>		25 Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
26 Zip <b>32954</b>		29 Country <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>WILLIAMS, S. MICHAEL          1899 SYKES CREEK DR.          MERRITT ISLAND FL 32953</b>			10. Name and Address of New Registered Agent <b>81 Name CATHRYN P. WILLIAMS</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 239 COVE LOOP DR</b> <b>83</b> <b>84 City MERRITT ISLAND FL 85 Zip Code 32953</b>		
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 <i>Cathryn P. Williams</i> (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>D</b> <input checked="" type="checkbox"/> DELETE NAME <b>WILLIAMS, S. MICHAEL</b> STREET ADDRESS <b>1899 SYKES CREEK DR.</b> CITY-ST-ZIP <b>MERRITT ISLAND FL 32953</b>			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>WILLIAMS, CATHRYN P</b> STREET ADDRESS <b>239 COVE LOOP DR.</b> CITY-ST-ZIP <b>MERRITT ISLAND FL 32953</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 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: *Michael Williams* **Michael Williams**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99 407-449-0030

4-15-99

Daytime Phone #

CR2E034 (1/198)