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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	
DOCUMENT # P98000054433			
1. Corporation Name LET'S GO NUTS, INC.			
Principal Place of Business 1440 MASSA STREET KISSIMMEE FL		Mailing Address 1440 MASSA STREET KISSIMMEE FL	
2. Principal Place of Business 21 2929 Dana Ln. Suite, Apt. #, etc.		2a. Mailing Address 26 2929 DANA LN Suite, Apt. #, etc.	
22 City & State 23 Kissimmee FL		27 City & State 28 Kissimmee FL	
24 Zip 34744 25 Country USA		29 Zip 34744 30 Country USA	
9. Name and Address of Current Registered Agent KUTSKO, CHRISTOPHER 1440 MASSA STREET KISSIMMEE FL		10. Name and Address of New Registered Agent 81 Name Lutsko, Christopher 82 Street Address (P.O. Box Number is Not Acceptable) 2929 Dana Lane 83 84 City Kissimmee FL 85 Zip Code 34744	
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>Christopher Lutsko</i> (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME KUTSKO, CHRISTOPHER STREET ADDRESS 1440 MASSA STREET CITY-ST-ZIP KISSIMMEE FL		1.1 TITLE PD 1.2 NAME Lutsko, Christopher 1.3 STREET ADDRESS 2929 Dana Lane 1.4 CITY-ST-ZIP Kissimmee, FL 34744	
TITLE D NAME JOSH-KUTSKO, KYMBERLEI D STREET ADDRESS 1440 MASSA STREET CITY-ST-ZIP KISSIMMEE FL		2.1 TITLE D, VP 2.2 NAME Josh-Lutsko, Kymberlei D. 2.3 STREET ADDRESS 2929 Dana Ln. 2.4 CITY-ST-ZIP Kissimmee FL 34744	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 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: *Christopher Lutsko*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 1999
Date Daytime Phone #

CR2E034 (11/98)

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