

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAY 18 PM 2:48 TALLAHASSEE, FLORIDA			
DOCUMENT # P98000055912							
1. Corporation Name MAIN SAIL, INC.							
Principal Place of Business 343 ALMERIA AVENUE CORAL GABLES FL 33134		Mailing Address 220 SOUTHWEST KIMBALL CIRCLE PORT ST LUCIE FL 34953		DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 1772 SE Port St. Lucie Blvd Suite, Apt. #, etc. 22 City & State 23 Port St. Lucie, FL Zip 24 34952 Country 25 USA		2a. Mailing Address 26 1772 SE Port St. Lucie Blvd Suite, Apt. #, etc. 27 City & State 28 Port St. Lucie, FL Zip 29 34952 Country 30 USA		3. Date Incorporated or Qualified 06/23/1998 4. FEI Number 65-0844897 Applied For Not Applicable 5. Certificate of Status Desired [] \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax [] Yes [] No			
9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name Spiegel & Utrera P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Ave 83 84 City Coral Gables FL 85 Zip Code 33134					
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: [Signature] DATE: 1/27/99							
12. OFFICERS AND DIRECTORS [] DELETE 11 TITLE PST D 12 NAME Hertrich, Joy A. 13 STREET ADDRESS 1772 SE Port St. Lucie Blvd 14 CITY-ST-ZIP Port St. Lucie, FL 34952 [] DELETE 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP [] DELETE 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP [] DELETE 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP [] DELETE 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP [] DELETE 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [] Change [] Addition 6000002892376--5 -06/02/99--01044--009 ****150.00 ****150.00 [] Change [] Addition [] Change [] Addition [] Change [] Addition [] Change [] Addition	

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: [Signature] Joy A. Hertrich 1/15/99 561 337 6246

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