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

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PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR -4 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000060213**

1. Corporation Name
TRESSEL BOOKKEEPING AND SECRETARIAL SERVICES, IN C.

Principal Place of Business
1505 S.E. 40TH ST., STE. C
CAPE CORAL FL 33904

Mailing Address
1505 S.E. 40TH ST., STE. C
CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
07/06/1998

4. FEI Number
65-0860962 [ ] 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

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business
21 5326 Darby Ct.
Suite, Apt. #, etc.
22
City & State
23 Cape Coral, FL
Zip 24 33904 Country 25 USA

2a. Mailing Address
26 5326 Darby Ct
Suite, Apt #, etc.
27
City & State
28 Cape Coral, FL
Zip 29 33904 Country 30 USA

9. Name and Address of Current Registered Agent
LA ROCCO, ROBERT J
1505 S.E. 40TH ST., STE. C
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent
81 Name Christine F. Wright
82 Street Address (P.O. Box Number is Not Acceptable) 1105 Cape Coral Pkwy. East
83 Suite C
84 City Cape Coral FL 85 Zip Code 33904

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 _____ 3-3-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS

TITLE	~~DPT~~	[ ] DELETE
NAME	TRESSEL, CHRISTA	
STREET ADDRESS	~~1505 S.E. 40TH ST., STE. C~~	
CITY-ST-ZIP	~~CAPE CORAL FL 33904~~	
TITLE	DS	[X] DELETE
NAME	LA ROCCO, ROBERT J	
STREET ADDRESS	1505 S.E. 40TH ST., STE. C	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPS	[X] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS	5326 Darby Ct	
1.4 CITY-ST-ZIP	Cape Coral, FL 33904	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DVPT	[ ] Change [X] Addition
3.2 NAME	TRESSEL, STEFFEN	
3.3 STREET ADDRESS	5326 Darby Ct.	
3.4 CITY-ST-ZIP	Cape Coral, FL 33904	
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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****150.00 ****150.00

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: C.M. Tressel Christa Tressel 3-3-99 941-549-2570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)