


FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90167 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000061218		
1. Corporation Name FULL-TIME INC.		



Principal Place of Business 6822 17TH STREET SOUTH ST. PETERSBURG FL 33712	Mailing Address 6822 17TH STREET SOUTH ST. PETERSBURG FL 33712
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date incorporated or Qualified 07/09/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3554200	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 Country 25		Zip 29 Country 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No				8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HAUCK, MANFRED 6822 17TH STREET SOUTH ST. PETERSBURG FL 33712		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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

(NOT E-Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME HANCK, MANFRED STREET ADDRESS 6822 17TH STREET SOUTH CITY-STATE-ZIP ST. PETERSBURG FL 33712	<input type="checkbox"/> DELETE	1.1 TITLE VP 1.2 NAME Hauck, Manfred 1.3 STREET ADDRESS 6822 17th Street South 1.4 CITY-STATE-ZIP St. Petersburg, FL 33712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME DECK, MATTHEW STREET ADDRESS 6822 17TH STREET SOUTH CITY-STATE-ZIP ST. PETERSBURG FL 33712	<input type="checkbox"/> DELETE	2.1 TITLE M 2.2 NAME Deck, Matthias 2.3 STREET ADDRESS 1890 62nd Ave South 2.4 CITY-STATE-ZIP St. Petersburg, FL 33712	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME Hauck, Deborah STREET ADDRESS 6822 17th Street South CITY-STATE-ZIP St. Petersburg, FL 33712	<input type="checkbox"/> DELETE	3.1 TITLE P 3.2 NAME Hauck, Deborah 3.3 STREET ADDRESS 6822 17th Street South 3.4 CITY-STATE-ZIP St. Petersburg, FL 33712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P NAME Hauck, Deborah STREET ADDRESS 6822 17th Street South CITY-STATE-ZIP St. Petersburg, FL 33712	<input type="checkbox"/> DELETE	4.1 TITLE P 4.2 NAME Hauck, Deborah 4.3 STREET ADDRESS 6822 17th Street South 4.4 CITY-STATE-ZIP St. Petersburg, FL 33712	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME Hauck, Deborah STREET ADDRESS 6822 17th Street South CITY-STATE-ZIP St. Petersburg, FL 33712	<input type="checkbox"/> DELETE	5.1 TITLE P 5.2 NAME Hauck, Deborah 5.3 STREET ADDRESS 6822 17th Street South 5.4 CITY-STATE-ZIP St. Petersburg, FL 33712	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME Hauck, Deborah STREET ADDRESS 6822 17th Street South CITY-STATE-ZIP St. Petersburg, FL 33712	<input type="checkbox"/> DELETE	6.1 TITLE P 6.2 NAME Hauck, Deborah 6.3 STREET ADDRESS 6822 17th Street South 6.4 CITY-STATE-ZIP St. Petersburg, FL 33712	<input type="checkbox"/> Change <input type="checkbox"/> 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: Deborah Hauck Deborah Hauck (P) 01/11/99 (727) 867-5426
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)