

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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90038 035 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000062091

1. Corporation Name
W.W.W. OF PALM HARBOR, INC.

Principal Place of Business 1711 S. DALE MABRY HIGHWAY TAMPA FL 33629	Mailing Address 1711 S. DALE MABRY HIGHWAY TAMPA FL 33629
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>34270 U.S. Hwy 19</u> Suite, Apt. #, etc.	2a. Mailing Address 26 <u>PO Box 18846</u> Suite, Apt. #, etc.
22 <u>PALM HARBOR FL.</u> City & State	27 <u>TAMPA FL</u> City & State
23 <u>34684</u> Zip	28 <u>33679</u> Zip
24 Country	29 Country

3. Date Incorporated or Qualified 07/14/1998	Applied For Not Applicable
4. FEI Number 59-3542378	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SCHECHT, NEIL S
2909 W. BAY TO BAY BLVD. PENTHOUSE
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	WHITE, AUSTIN
STREET ADDRESS	18106 PEREGRINES PERCH APT. 306
CITY-ST-ZIP	LUTZ FL 33549
TITLE	D <input type="checkbox"/> DELETE
NAME	WILLIS, GLENN
STREET ADDRESS	16533 LAKE HEATHER DRIVE
CITY-ST-ZIP	TAMPA FL 33618
TITLE	D <input type="checkbox"/> DELETE
NAME	WILLIS, JAMIE
STREET ADDRESS	2795 KIPPS COLONY DRIVE #104
CITY-ST-ZIP	GULFPORT FL 33707
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary, Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	White, Austin
1.3 STREET ADDRESS	5117 Rue Vendome
1.4 CITY-ST-ZIP	LUTZ, FL 33549
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILLIS JAMIE
3.3 STREET ADDRESS	1605B ROYAL PALM DR. S.
3.4 CITY-ST-ZIP	GULFPORT, FL 33707
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
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: _____ DATE: **4-30-99** Daytime Phone # _____

CR2E034 (1/98)