


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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90032 024 ***150.00

0568134

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

DOCUMENT # P98000064209

1. Corporation Name
DISTINCTIVE KERB, INC.

Principal Place of Business
301 W. SR 434 STE. 313
WINTER SPRINGS FL 32708

Mailing Address
301 W. SR 434 STE. 313
WINTER SPRINGS FL 32708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1998

2. Principal Place of Business

21 657 CARRIGAN WOODS TR
Suite, Apt. #, etc.

City & State

23 OVIEDO, FL

Zip Country

24 32765

2a. Mailing Address

26 657 CARRIGAN WOODS TR
Suite, Apt. #, etc.

City & State

28 OVIEDO, FL

Zip Country

29 32765

4. FEI Number

59-3524890

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

RILEY, DAVE
657 CARRIGAN WOODS TRAIL
OVIEDO FL 32765

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

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 P
NAME RILEY, DAVE
STREET ADDRESS 657 CARRIGAN WOODS TRAIL
CITY-ST-ZIP OVIEDO FL 32765

TITLE VD
NAME DUPLANTIS, BRIEN
STREET ADDRESS 301 W. SR 434 STE. 313
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE SD
NAME DUPLANTIS, NOLAN J
STREET ADDRESS 301 W. SR 434 STE. 313
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VD
2.2 NAME Duplantis, Brien
2.3 STREET ADDRESS 2028 Excalibur Dr
2.4 CITY-ST-ZIP ORLANDO, FL 32822

3.1 TITLE SD
3.2 NAME Duplantis, Nolan J
3.3 STREET ADDRESS 2028 Excalibur Dr
3.4 CITY-ST-ZIP ORLANDO, FL 32822

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

323-99

Date

407 327-5372

Daytime Phone #

CR2E034 (11/98)