


1999.

**FILED**  
**Aug 05, 1999 8:00 am**  
**Secretary of State**

08-05-1999 90012 019 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
<b>DOCUMENT # P98000068478</b> ✓ 1. Corporation Name <b>EVERY WORD COUNTS, INC.</b>		

Principal Place of Business 2745 FOXWOOD COURT ORLANDO FL 32818	Mailing Address 2745 FOXWOOD COURT ORLANDO FL 32818
---	---



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/03/1998</b>		4. FEI Number <b>59-3541701</b>	Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	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
9. Name and Address of Current Registered Agent <b>SCOTT, ERROLL</b> <b>2745 FOXWOOD COURT</b> <b>ORLANDO FL 32818</b>		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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		(NOTE: Registered Agent signature required when reinstating)		DATE
12. OFFICERS AND DIRECTORS				
TITLE	NAME	TITLE	NAME	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	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		2.2 NAME		
2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		
3.1 TITLE		3.2 NAME		
3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		
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)(l), 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.

**SIGNATURE:** Erroll D. Scott **REQUIRED** August 1, 99 (407) 578-6166  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)