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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000075199

1. Corporation Name
PEOPLE 8-4 PROFIT INC.



Principal Place of Business: 157 CAY WEST WAY, PONTE VEDRA FL 32082
Mailing Address: 157 CAY WEST WAY, PONTE VEDRA FL 32082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/28/1998

2. Principal Place of Business, 2a. Mailing Address, 21, 26, 22, 27, 23, 28, 24, 25, 29, 30

4. FEI Number, Applied For, 5. Certificate of Status Desired, 6. Election Campaign Financing, 7. This corporation owes the current year Intangible Personal Property Tax.

9. Name and Address of Current Registered Agent: WATT, BRUCE N, 157 CAY WEST WAY, PONTE VEDRA FL 32082

10. Name and Address of New Registered Agent, 81 Name, 82 Street Address, 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: 12.1 TITLE, 12.2 NAME, 12.3 STREET ADDRESS, 12.4 CITY-ST-ZIP. Includes handwritten entry for Bruce Norman Watt, President.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 13.1 TITLE, 13.2 NAME, 13.3 STREET ADDRESS, 13.4 CITY-ST-ZIP, 13.5 TITLE, 13.6 NAME, 13.7 STREET ADDRESS, 13.8 CITY-ST-ZIP, 13.9 TITLE, 13.10 NAME, 13.11 STREET ADDRESS, 13.12 CITY-ST-ZIP, 13.13 TITLE, 13.14 NAME, 13.15 STREET ADDRESS, 13.16 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: Bruce N. Watt, Date: 3/23, Daytime Phone #: 904 285 8970

CR2E034 (11/98)