


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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90182 011 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000081128					
1. Corporation Name JACK MELLON & ASSOCIATES, CPA'S, INC.					
Principal Place of Business 844 ANCHOR RODE DRIVE NAPLES FL 34103			Mailing Address 844 ANCHOR RODE DRIVE NAPLES FL 34103		
2. Principal Place of Business 21 348 Tern Drive Suite, Apt. #, etc. 22 Apt. #4 City & State 23 Naples, FL Zip 24 34112		2a. Mailing Address 26 348 Tern Drive Suite, Apt. #, etc. 27 Apt. #4 City & State 28 Naples, FL Zip 29 34112		Country 25 Collier 30 Collier	
9. Name and Address of Current Registered Agent GOLD, DENNIS S ESQ. 2335 TAMiami TRAIL, NORTH SUITE 301 NAPLES FL 34103			10. Name and Address of New Registered Agent 81 Name Jack D. Mellon 82 Street Address (P.O. Box Number is Not Acceptable) 348 Tern Drive, Apt. #4 83 84 City Naples FL 85 Zip Code 34112		
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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLD, DENNIS S		1.2 NAME	Jack D Mellon	
STREET ADDRESS	2335 TAMiami TRAIL NORTH, SUITE 301		1.3 STREET ADDRESS	348 Tern Drive, Apt #4	
CITY-ST-ZIP	NAPLES FL 34103		1.4 CITY-ST-ZIP	Naples, FL 34112	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			2.2 NAME	Doris L Mellon	
STREET ADDRESS			2.3 STREET ADDRESS	348 Tern Drive, Apt #4	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Naples, FL 34112	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Jack D Mellon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/1999 (941) 774-7304

Date

Daytime Phone #

CR2E034 (11/98)