


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000089489					
1. Corporation Name INDECON CORPORATION					

Principal Place of Business 11303 REGAL SQUARE DR TEMPLE TERRACE FL 33617	Mailing Address 11303 REGAL SQUARE DR TEMPLE TERRACE FL 33617
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2. Principal Place of Business 21 536 21st Ave NE Suite, Apt. #, etc.				2a. Mailing Address 26 536 21st Ave NE Suite, Apt. #, etc.				3. Date Incorporated or Qualified 10/20/1998			
22 City & State 23 St. Petersburg, FL				27 City & State 28 St. Petersburg, FL				4. FEI Number 59-3538393			
24 33704				25 Country				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
26 33704				27 Country				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
28 33704				29 Country				8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent RISLER, JAMES 11303 REGAL SQUARE DR TEMPLE TERRACE FL 33617				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			
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RISLER, JAMES			1.2 NAME			
STREET ADDRESS	11303 REGAL SQUARE DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	TEMPLE TERRACE FL 33617			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOX, JAMES			2.2 NAME			
STREET ADDRESS	536 21 AVE NE			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33704			2.4 CITY-ST-ZIP			
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.

SIGNATURE: *James Box* DATE: July 12, 1999 DAYTIME PHONE: 813-390-2028

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7/14/1999

INDECON Corporation
536 21st Avenue Northeast
St. Petersburg, FL 33704

Reference: Document # P98000089489

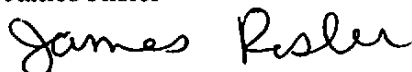
Department of State
Annual Reports Filing
PO Box 1500
Tallahassee, FL 32302-1500

Subject: Clemency on Late Filing Charge

To the Department of State,

I am writing to you in hope of leniency on the late fee charge regarding the Profit Corporation Annual Report. We are a new company in our first year of business. We had two problems that led to our missing the deadline. First, we never received a first filing notice. Second, we had an accountant that was severely neglecting our company. We have rectified the accountant situation as of this week. With the help of our new accountant we do not expect to have any further delays in making our payments on time. I appreciate your attention to this matter. Should you have any questions please feel free to contact me at 813-390-2029.

Thank you,
James Risler



INDECON Corporation
Enclosures (2)
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