

FILED
Aug 27, 1999 8:00 am
Secretary of State

08-27-1999 90005 046 ***558.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000097647			
1. Corporation Name HONEST EVALUATIONS, INC.			
Principal Place of Business 129 SOUTH COMMERCE AVE. SEBRING FL 33870		Mailing Address 129 SOUTH COMMERCE AVE. SEBRING FL 33870	
DO NOT WRITE IN THIS SPACE			
3. Date Incorporated or Qualified 11/16/1998			
2. Principal Place of Business 21 1926 EVERLAST TERRACE Suite, Apt. #, etc.		2a. Mailing Address 26 1926 EVERLAST TERRACE Suite, Apt. #, etc.	
22 City & State 23 SEBRING, FLORIDA Zip Country 24 33872 25 HIGHLANDS		27 City & State 28 SEBRING, FLORIDA Zip Country 29 33872 30 HIGHLANDS	
9. Name and Address of Current Registered Agent MCCOLLUM, JAMES F 129 SOUTH COMMERCE AVE. SEBRING FL 33870		10. Name and Address of New Registered Agent 81 Name BESCH, PETER J 82 Street Address (P.O. Box Number is Not Acceptable) 1926 EVERLAST TERRACE 83 84 City SEBRING 85 Zip Code FL 33872	
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 <i>Peter J Besch</i> PETER BESCH VP DATE _____ (NOTE: Registered Agent signature required when relistating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANTLEY, SAM 1823 ROBERTA AVE. SEBRING FL 33870	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	V/T BESCH, PETER J 1926 EVERLAST TERRACE SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BESCH, PETER J 1823 ROBERTA AVE. SEBRING FL 33870	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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.			
SIGNATURE: <i>Peter J Besch</i> PETER J. BESCH		Date 8/23/99 Daytime Phone #	

CR2E034 (5/99)