

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).

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90008 037 ***550.00



PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P98000101630

1. Corporation Name
 STEVE FIELDS COMPANIES, INC.



Principal Place of Business: 203 PEREGRINE DR. INDIALANTIC FL 32903
 Mailing Address: P. O. BOX 34071 INDIALANTIC FL 32903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1998

4. FEI Number: 69-3545624 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23
 2a. Mailing Address: 26 P.O. Box 34071
 27 Suite, Apt. #, etc. 28 City & State: Indialantic FL
 29 Zip: 32903 30 Country: Brevard

9. Name and Address of Current Registered Agent
 FIELDS, STEVE
 203 PEREGRINE DR.
 INDIALANTIC FL 32903

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

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: *Stephen K. Fields* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	DELETED <input type="checkbox"/>	1.1 TITLE: President	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME: FIELDS, STEVE		1.2 NAME: Stephen K. Fields	
STREET ADDRESS: 203 PEREGRINE DR.		1.3 STREET ADDRESS: 203 Peregrine Dr	
CITY-ST-ZIP: INDIALANTIC FL 32903		1.4 CITY-ST-ZIP: Indialantic FL 32903	
TITLE: [Handwritten]	DELETED <input type="checkbox"/>	2.1 TITLE: V.P.	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME: [Handwritten]		2.2 NAME: Patricia J. Cunningham	
STREET ADDRESS: [Handwritten]		2.3 STREET ADDRESS: 203 Peregrine Dr	
CITY-ST-ZIP: [Handwritten]		2.4 CITY-ST-ZIP: Indialantic, FL 32903	
TITLE: [Handwritten]	DELETED <input type="checkbox"/>	3.1 TITLE: Treasurer	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME: [Handwritten]		3.2 NAME: Stephen K. Fields	
STREET ADDRESS: [Handwritten]		3.3 STREET ADDRESS: 203 Peregrine Dr	
CITY-ST-ZIP: [Handwritten]		3.4 CITY-ST-ZIP: Indialantic FL 32903	
TITLE: [Handwritten]	DELETED <input type="checkbox"/>	4.1 TITLE: Secretary	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME: [Handwritten]		4.2 NAME: Patricia J. Cunningham	
STREET ADDRESS: [Handwritten]		4.3 STREET ADDRESS: 203 Peregrine Dr	
CITY-ST-ZIP: [Handwritten]		4.4 CITY-ST-ZIP: Indialantic FL 32903	
TITLE: [Handwritten]	DELETED <input type="checkbox"/>	5.1 TITLE: [Handwritten]	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME: [Handwritten]		5.2 NAME: [Handwritten]	
STREET ADDRESS: [Handwritten]		5.3 STREET ADDRESS: [Handwritten]	
CITY-ST-ZIP: [Handwritten]		5.4 CITY-ST-ZIP: [Handwritten]	
TITLE: [Handwritten]	DELETED <input type="checkbox"/>	6.1 TITLE: [Handwritten]	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME: [Handwritten]		6.2 NAME: [Handwritten]	
STREET ADDRESS: [Handwritten]		6.3 STREET ADDRESS: [Handwritten]	
CITY-ST-ZIP: [Handwritten]		6.4 CITY-ST-ZIP: [Handwritten]	

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: *Patricia J. Cunningham* 7/7/99 4074321753
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)