


**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90072 015 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
<b>DOCUMENT # P98000102637</b>		
<b>1. Corporation Name</b> <b>FOCUS MANAGEMENT AND ACQUISITIONS, INC.</b>		

<b>Principal Place of Business</b> <b>2413 BAYSHORE BLVD. STE. 602</b> <b>TAMPA FL 33629</b>	<b>Mailing Address</b> <b>2413 BAYSHORE BLVD. STE. 602</b> <b>TAMPA FL 33629</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> <b>21 202 S. 22nd Street</b> Suite, Apt. #, etc. <b>22 210</b> City & State <b>23 Tampa, FL</b> Zip Country <b>24 33605 25</b>		<b>2a. Mailing Address</b> <b>26 202 S. 22nd Street</b> Suite, Apt. #, etc. <b>27 210</b> City & State <b>28 Tampa, FL</b> Zip Country <b>29 33605 30</b>		<b>3. Date Incorporated or Qualified</b> <b>12/09/1998</b>	<b>4. FEI Number</b> <b>59-3546851</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>6. Election Campaign Financing</b> <input type="checkbox"/>		<b>7. Additional Fees Required</b> <b>\$8.75</b>		<b>8. This corporation owes the current year Intangible Personal Property Tax.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>9. Name and Address of Current Registered Agent</b> <b>YATES, CARLA B</b> <b>122 SOUTH HOWARD AVE.</b> <b>TAMPA FL 33606</b>	<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DIRECTOR</b> <input type="checkbox"/> DELETE <b>DOLS, SCOTT V</b> <b>2413 BAYSHORE BLVD. STE. 602</b> <b>TAMPA FL 33629</b>	<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2404 TANGERINE HILL</b> <b>LUTZ, FL 33549</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PRESIDENT</b> <input type="checkbox"/> DELETE <b>PRUBAN, J. T. M.</b> <b>2413 Bayshore Blvd Ste 602</b> <b>Tampa, FL 33629</b>	<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/99

Date

813-242-8902

Daytime Phone #

CR2E034 (11/98)