


**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90049 019 \*\*\*158.75

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000107949**

1. Corporation Name

**MICHAEL J. SPOTO, INC.**

Principal Place of Business

 401 SOUTH FLORIDA AVE. SUITE 201  
 TAMPA FL 33602

Mailing Address

 P O BOX 1347  
 TAMPA FL 33601-1347


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/28/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3553044	
City & State		City & State		5. Certificate of Status Desired	
23		28		X	
Zip		Zip		8.75 Additional Fee Required	
24		29		6. Election Campaign Financing	
Country		Country		Trust Fund Contribution	
25		30		5.00 May Be Added to Fees	
26		31		8. This corporation owes the current year Intangible Personal Property Tax.	
27		32		Yes No	

9. Name and Address of Current Registered Agent

**BAJO, PEDRO F JR**  
**AKERMAN, SENTERFITT & EIDSON, P.A.**  
 100 ASHLEY DR, SUITE 1500  
 TAMPA FL 33602

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETED	1.1 TITLE	Change Addition
NAME	SPOTO, MICHAEL J	1.2 NAME	
STREET ADDRESS	3012 KEATS ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	1.4 CITY-ST-ZIP	
TITLE	DELETED	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DELETED	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DELETED	4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETED	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETED	6.1 TITLE	Change 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, on an attachment with an address, with all other like empowered.

SIGNATURE:


**MICHAEL J. SPOTO**
**JANUARY 21, 1999 813.273.6799**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)