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PROFIT
CORPORATION
ANNUAL REPORT
1999

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

FILED
99 MAR 10 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S32749**

1. Corporation Name
ETACON CORPORATION

Principal Place of Business	Mailing Address
1605 MAIN ST SUITE 1001 SARASOTA FL 34236	1605 MAIN ST SUITE 1001 SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/18/1991

4. FEI Number
65-0244726
[ ] 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 Tax [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

GOLDSMITH, STANLEY A.
1605 MAIN ST
SUITE 10001
SARASOTA FL 34236

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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPAS	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	MORRIS, HAROLD H		12 NAME	
STREET ADDRESS	755 FRENCHES POINT		13 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA		14 CITY-ST-ZIP	
TITLE	DVP	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	MORRIS, THERESA A		22 NAME	
STREET ADDRESS	755 FRENCHES POINT		23 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA		24 CITY-ST-ZIP	
TITLE	AT	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	MORRIS, HAROLD H		32 NAME	
STREET ADDRESS	222 BEACH RD #5		33 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		34 CITY-ST-ZIP	
TITLE	ST	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME	MORRIS, THERESA A		42 NAME	
STREET ADDRESS	222 BEACH RD #5		43 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL		44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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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, with all other like empowered.

SIGNATURE: [signature] 2/23/99 770-426-7774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #