

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S43144** (2)
1. Corporation Name
FLORIDA TENT, INC.

Principal Place of Business
**2463 FRANKLIN ST.
UNIT 69-46
FT. MYERS FL 33901
US**

Mailing Address
**4293 A ISLAND CIRCLE
UNIT 39-40
FT. MYERS FL 33919
US**

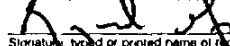


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. NO UNIT # 22 City & State FT MYERS FL 23 Zip 33905 24 Country US		2a. Mailing Address 26 Suite, Apt. #, etc. 3128 River Grove Cir 27 City & State FT MYERS FL 28 Zip 33905 29 Country US		3. Date Incorporated or Qualified 04/03/1991	
4. FEI Number 65-0253281		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			


9. Name and Address of Current Registered Agent GEORGE, RAYMOND A 4293-A ISLAND CIR. UNIT 39-40 FT. MYERS FL 33919		10. Name and Address of New Registered Agent 81 Name George, Raymond A 82 Street Address (P.O. Box Number is Not Acceptable) 3128 River Grove Circle 83 City Fort Myers FL 84 Zip Code 33905	
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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  DATE **4-6-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GEORGE, RAYMOND H.		1.2 NAME	
STREET ADDRESS 405 GRAVELLY HILL RD		1.3 STREET ADDRESS	
CITY-ST-ZIP WAKEFIELD RI		1.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GEORGE, RAYMOND A.		2.2 NAME	
STREET ADDRESS 4293A ISLAND CIR.		2.3 STREET ADDRESS	3128 River Grove Circle
CITY-ST-ZIP FORT MYERS FL		2.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GEORGE, BARBARA F.		3.2 NAME	
STREET ADDRESS 405 GRAVELLY HILL RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP WAKEFIELD RI		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, or on an attachment with an address.

SIGNATURE:  DATE **4-6-98** **941 694-1326**
Signature, typed or printed name of signing officer or director

CR2E034 (10/97)