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Secretary of State

05-05-1999 90184 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S98088 1. Corporation Name SURFSIDE CARRIER CORPORATION					
Principal Place of Business % KENNETH L. DAVIS 1414 ROYAL PALM DR. EDGEWATER FL 32132			Mailing Address % KENNETH L. DAVIS 1414 ROYAL PALM DR. EDGEWATER FL 32132		
2. Principal Place of Business 21 2749 TIFFANY DR. Suite, Apt. #, etc. 22		2a. Mailing Address 26 P.O. Box 1478 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 12/04/1991	
23 NEW SMYRNA BEACH, FL City & State Zip Country 24 32169 25 FLORIDA		28 EDGEWATER FL City & State Zip Country 29 32132 30 FLORIDA		4. FEI Number 59-3097069 Applied For Not Applicable	
9. Name and Address of Current Registered Agent DAVIS, KENNETH L. 1414 ROYAL PALM DR. EDGEWATER FL 32132				10. Name and Address of New Registered Agent 81 Name KIMBERLY DAVIS 82 Street Address (P.O. Box Number is Not Acceptable) 2749 TIFFANY DR. 83 NEW SMYRNA BEACH, FL. 84 City NEW SMYRNA BEACH FL 85 Zip Code 32169	
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 <i>Kimberly Davis</i> KIMBERLY DAVIS 2-26-99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME DAVIS, KENNETH L. STREET ADDRESS 1414 ROYAL PALM DR. CITY-ST-ZIP EDGEWATER FL TITLE D <input type="checkbox"/> DELETE NAME DAVIS, KIMBERLY V. STREET ADDRESS 1414 ROYAL PALM DR. CITY-ST-ZIP EDGEWATER FL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME DAVIS, KENNETH L. 1.3 STREET ADDRESS P.O. Box 1478 1.4 CITY-ST-ZIP EDGEWATER, FL 32132 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME DAVIS, Kimberly V. 2.3 STREET ADDRESS P.O. Box 1478 2.4 CITY-ST-ZIP EDGEWATER, FL 32132 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE:

Kimberly Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-99 **(904)428-1108**
Date Daytime Phone #

CR2E034 (1/98)