

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # V15123

1. Corporation Name
A-NUTEMP, INC.

Principal Place of Business
19593 N.E. 10TH AVE.
BAYS C & D
NORTH MIAMI BEACH FL 33179

Mailing Address
19593 N.E. 10TH AVE.
BAYS C & D
NORTH MIAMI BEACH FL 33179

FILED
Feb 06, 1999 8:00am
Secretary of State

02-06-1999 90026 050 *****150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/19/1992	
4. FEI Number 65-0312084	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent FIXEL, TERRY ELLEN % FIXEL & LAROCCO 3859 HOLLYWOOD BLVD., SUITE 204 HOLLYWOOD FL 33021		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	FL

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
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DVS	1.1 TITLE
NAME	WOODWORTH, JOEY	1.2 NAME
STREET ADDRESS	19593 N.E. 10 AVE., #C&D	1.3 STREET ADDRESS
CITY-ST-ZIP	N. MIAMI BEACH FL	1.4 CITY-ST-ZIP
TITLE	T	2.1 TITLE
NAME	WOODWORTH, JOEY	2.2 NAME
STREET ADDRESS	19593 N.E. 10 AVE., #C&D	2.3 STREET ADDRESS
CITY-ST-ZIP	N. MIAMI BEACH FL	2.4 CITY-ST-ZIP
TITLE	DVS	3.1 TITLE
NAME	DUNCAN, JOHN C., JR.	3.2 NAME
STREET ADDRESS	19593 N.E. 10 AVE., #C&D	3.3 STREET ADDRESS
CITY-ST-ZIP	N. MIAMI BEACH FL	3.4 CITY-ST-ZIP
TITLE	DP	4.1 TITLE
NAME	WOODWORTH, MICHAEL	4.2 NAME
STREET ADDRESS	19593 N.E. 10 AVE., #C&D	4.3 STREET ADDRESS
CITY-ST-ZIP	N. MIAMI BEACH FL	4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
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, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-99 305-220-1014
Date Daytime Phone #

CR2E034 (1/98)