


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

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Apr 29, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V63273			
1. Corporation Name VIKING MANAGEMENT, INC.			
Principal Place of Business 7843 SEMINOLE BLVD SEMINOLE FL 34642		Mailing Address 7843 SEMINOLE BLVD SEMINOLE FL 34642	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent			
CATON, RICHARD P. 7343 SEMINOLE BLVD SEMINOLE FL 34642			
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 in 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	TSD	1.1 TITLE	
NAME	MCCLEOD, ROBB	1.2 NAME	
STREET ADDRESS	20000 GULF BLVD, STE 703	1.3 STREET ADDRESS	
CITY-STATE-ZIP	INDIAN SHORES FL 33785	1.4 CITY-STATE-ZIP	
TITLE	P	2.1 TITLE	
NAME	BURTT, KEVIN	2.2 NAME	
STREET ADDRESS	20000 GULF BLVD, STE 703	2.3 STREET ADDRESS	
CITY-STATE-ZIP	INDIAN SHORES FL 33785	2.4 CITY-STATE-ZIP	
TITLE	V	3.1 TITLE	
NAME	MCCLEOD, RACHAEL	3.2 NAME	
STREET ADDRESS	20000 GULF BLVD, STE 703	3.3 STREET ADDRESS	
CITY-STATE-ZIP	INDIAN SHORES FL 33785	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 a letter like empowered.

SIGNATURE:

R. McLeod

RACHAEL MCLEOD

APRIL 15, 1999 727-595-732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

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