

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000052279 (3)

1. Corporation Name
GAIN & WELL CORPORATION



Principal Place of Business: **115 S. PALMETTO AVE DAYTONA BCH FL 32114 US**
 Mailing Address: **115 S. PALMETTO AVE DAYTONA BCH FL 32114 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 903 STAGE COACH TRAIL		2a. Mailing Address 903 STAGE COACH TRAIL		3. Date Incorporated or Qualified 06/30/1995	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number 59-3321438	
23. City & State GREENSBORO N.C.		28. City & State GREENSBORO N.C.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip 27410		29. Zip 27410		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country USA		30. Country USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COLEMAN, GAIL 18 CEDARFORD CT PALM COAST FL 32137				10. Name and Address of New Registered Agent			
81. Name JOHN MYERS, CPA				82. Street Address (P.O. Box Number is Not Acceptable) 115 S. PALMETTO AVE.			
83.				84. City DAYTONA BEACH FL			
85. Zip Code 32114							

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: *John Myers* **John Myers, CPA** DATE: **4-17-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, GAIL	1.2 NAME	
STREET ADDRESS	115 S. PALMETTO AVE	1.3 STREET ADDRESS	903 STAGE COACH TRAIL
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP	GREENSBORO N.C. 27410
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, A W	2.2 NAME	
STREET ADDRESS	115 PALMETTO AVE.,	2.3 STREET ADDRESS	903 STAGE COACH TRAIL
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	GREENSBORO N.C. 27410
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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. **GAIL COLEMAN**

SIGNATURE: *Gail Coleman* **D** DATE: **4-30-98** **336-191-8791**

CR2E034 (10/97)