

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

FILED
Jun 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT #
 1. Corporation Name: *Mobil Tech, Inc. Tech Wheels, Inc*
H110788

Principal Place of Business: _____ Mailing Address: _____

JAMES R SABOFF
P O BOX 941145
MAITLAND FL 32794-1145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: *7-2-84*

4. FEI Number: *59-2425009* Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: *423 River Isle Court*
 Suite, Apt #, etc: _____
 City & State: *Longwood, FL*
 Zip: *32779* Country: *USA*

2a. Mailing Address: *P.O. Box 941145*
 Suite, Apt #, etc: _____
 City & State: *Maitland FL*
 Zip: *32794* Country: *USA*

9. Name and Address of Current Registered Agent: _____

10. Name and Address of New Registered Agent:
 81 Name: *JAMES R. SABOFF*
 82 Street Address (P.O. Box Number is Not Acceptable): *423 River Isle Court*
 83 _____
 84 City: *Longwood* FL 85 Zip Code: *32794*

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: *James R. Saboff* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	<i>P D</i>	<input type="checkbox"/> DELETE
NAME	<i>David W. Foederer</i>	
STREET ADDRESS	<i>P.O. Box 462</i>	
CITY-ST-ZIP	<i>LA Center, WA 98629</i>	
TITLE	<i>CFO D.</i>	<input type="checkbox"/> DELETE
NAME	<i>JAMES R SABOFF</i>	
STREET ADDRESS	<i>P O BOX 941145</i>	
CITY-ST-ZIP	<i>MAITLAND FL 32794-1145</i>	
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	
1.3 STREET ADDRESS	<i>N/A</i>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<i>423 River Isle Court</i>
2.4 CITY-ST-ZIP	<i>Longwood FL 32794</i>
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	<i>400002578724</i>
5.3 STREET ADDRESS	<i>-07/02/98--01021--045</i>
5.4 CITY-ST-ZIP	<i>***150.00</i>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<i>A. J. / 30</i>
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.

SIGNATURE: *JAMES R. SABOFF* (NOTE: Registered Agent signature required when reinstating) DATE: *6/2/98*

CR2E034 (10/97)