

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

FILED

Jan 21 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 # H15523 (4)
1. Corporation Name
OPUS I DISTRIBUTORS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: C/O JOHN INGOGLIA, 748 SYBILWOOD CR, WINTER SPRINGS FL 32708
Mailing Address: C/O JOHN INGOGLIA, 748 SYBILWOOD CR, WINTER SPRINGS FL 32708

3. Date Incorporated or Qualified: 08/06/1984
4. FEI Number: 59-2433778
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: 1758 Seneca Blvd
2a. Mailing Address: R.O. BOX 3481
22. City & State: WINTER SPRINGS, FL
27. City & State: WINTER SPRINGS, FL
23. Zip: 32708
25. Country: USA
28. Zip: 32708
30. Country: USA

9. Name and Address of Current Registered Agent: INGOGLIA, JOHN, 748 SYBILWOOD CR, WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent: 81 Name: INGOGLIA, JOHN; 82 Street Address: 1758 SENECA BLVD; 84 City: WINTER SPRINGS FL; 85 Zip Code: 32708

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 INGOGLIA, President, 1/12/98

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	INGOGLIA, JOHN	
STREET ADDRESS	748 SYBILWOOD CR	
CITY-ST-ZIP	WINTER SPRINGS 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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	INGOGLIA, JOHN	
1.3 STREET ADDRESS	1758 SENECA BLVD	
1.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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.

SIGNATURE: [Signature] REQUIRED 1/12/98 407 977-8880

CR2E034 (10/97)