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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

M J ALTMAN COMPANIES, INC.

Mailing Address

FILED Feb 13 1998 8:00am Secretary of State



Principal Place of Business 100 SE FIRST AVE P.O. BOX 3070 OCALA FL 34471-2163 OCALA FL 34478 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/20/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 59-2889632 26 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 23 28 Zip Country Žφ Country 8. This corporation owes or has paid the current year Intangible X Yes Personal Property Tax due June 30. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MCDONIELS, MICHAEL J. 109 SE FIRST AVE 82 Street Address (P.O. Box Number is Not Acceptable) **OCALA FL 34471** 83 84 City Zip Code 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, typical or printed harne of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Addition TITLE MCDONIELS, MICHAEL J. NAME 1.2 NAME 2236 LAUREL RUN DR STREET ADDRESS 1.3 STREET ADDRESS OCALA FL CITY-ST-ZIP 1.4 CITY-\$T-ZIP Addition DELETE Change 2.1 TITLE TITLE MCDONIELS, JEAN A. 2.2 NAME NAME 2336 LAUREL RUN DR 2.3 STREET ADDRESS STREET ADDRESS OCALA FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Channe Addition DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed are or at altagriment with an address

SIGNATURE:

MICHAEL J. M. DONIELS PRESIDENT 2