

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L42136 (6)

1. Corporation Name
AMERICA II WEST, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O D. MICHAEL POINTER, II 255 118TH AVENUE NORTH ST. PETERSBURG FL 33716 US	Mailing Address C/O D. MICHAEL POINTER, II 255 118TH AVENUE NORTH ST. PETERSBURG FL 33716 US 2550
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3. Date Incorporated or Qualified 01/09/1990	4. FEI Number 59-3001891	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
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		

2. Principal Place of Business 21 988 Walsh Avenue Suite, Apt. #, etc. 22 _____ City & State 23 Santa Clara, CA Zip 24 95050 25 USA	2a. Mailing Address 26 _____ Suite, Apt. #, etc. 27 _____ City & State 28 _____ Zip 29 _____ Country 30 _____
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9. Name and Address of Current Registered Agent

POINTER, D. MICHAEL II
2550 118TH AVENUE NORTH
ST. PETERSBURG FL 33716

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DCEO	<input type="checkbox"/> DELETE
NAME	GALINSKI, MICHAEL B.	
STREET ADDRESS	13535 FEATHER SOUND DR, STE 327	
CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE	HALL, GREGORY	<input checked="" type="checkbox"/> DELETE
NAME	13535 FEATHER SOUND DRIVE, SUITE 327	
STREET ADDRESS	CLEARWATER FL	
CITY-ST-ZIP	_____	
TITLE	POINTER, ANNE E.	<input checked="" type="checkbox"/> DELETE
NAME	13535 FEATHER SOUND DRIVE, SUITE 327	
STREET ADDRESS	CLEARWATER FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	see zip code
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Pointer, D. Michael II
3.3 STREET ADDRESS	2550 118th Avenue North
3.4 CITY-ST-ZIP	St. Petersburg, FL 33714
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	400002527014
6.3 STREET ADDRESS	-05/18/98--01046--014
6.4 CITY-ST-ZIP	***158.75

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 in an attached schedule with an address.

CP2E034 (10/97)