

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

FILED
Feb 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
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DOCUMENT # P93000072478 (9)
 1. Corporation Name
TOMAHAWK MAIL AND COMMUNICATIONS, INC.



Principal Place of Business 1970 E OSCEOLA PKWY KISSIMMEE FL 34743 US	Mailing Address 1970 E OSCEOLA PARKWAY KISSIMMEE FL 34743 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/14/1993

2. Principal Place of Business 21 4630 S. Kirkman Rd. Suite, Apt. #, etc. 22 City & State 23 ORLANDO, Fla. Zip 32811 Country US	2a. Mailing Address 26 4630 S. Kirkman Rd. Suite, Apt. #, etc. 27 City & State 28 ORLANDO, Fla. Zip 32811 Country US
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4. FEI Number 59-3202021	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FARRELL GORDON AND ASSOCIATES, P.A.
 2111 E MICHIGAN ST
 SUITE 140
 ORLANDO FL 32806**

10. Name and Address of New Registered Agent

81 Name MIKE RESNICK
82 Street Address (P.O. Box Number is Not Acceptable) 1342 E. Vine St. #236
83
84 City Kissimmee FL 85 Zip Code 34744

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 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE  **MIKE RESNICK Attorney at Law 1/15/98**
Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRIS, DONNA	
STREET ADDRESS	1970 OSCEOLA PKWY	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MORRIS, JEFFERY	
STREET ADDRESS	1970 OSCEOLA PKWY	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MORRIS, JAMES	
STREET ADDRESS	1970 OSCEOLA PKWY.	
CITY-ST-ZIP	KISSIMMEE FL 34343	
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	
1.3 STREET ADDRESS	4630 S. Kirkman Rd.
1.4 CITY-ST-ZIP	ORLANDO, FL 32811
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4630 S. Kirkman Rd.
2.4 CITY-ST-ZIP	ORLANDO, FL 32811
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4630 S. Kirkman Rd.
3.4 CITY-ST-ZIP	ORLANDO, FL 32811
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TAMMY MORRIS
4.3 STREET ADDRESS	4630 S. Kirkman Rd.
4.4 CITY-ST-ZIP	ORLANDO, FL 32811
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:  **JEFFREY E. MORRIS 1/7/98 (407) 916-6644**

CR2E034 (10/97)