

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 # P94000042378 (7)
 1. Corporation Name
DIRK, BILL & GARY XI, INC.



Principal Place of Business 7280 HAWKSNEST BLVD. ORLANDO FL 32835	Mailing Address C/O CHRISTOPHER C. BROCKMAN, ESO PO BOX 633 ORLANDO FL 32802 US
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
Zip	Zip
24 Country	30 Country

3. Date Incorporated or Qualified 06/07/1994	
4. FEI Number 59-3278294	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
PRENTICE HALL CORPORATION SYSTEM
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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
 Signature, typed or printed name of registered agent and for, if applicable (NOT Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	TAYLOR, ROBERT D	
STREET ADDRESS	3200 N. FEDERAL HWY. STE. 201	
CITY-ST-ZIP	FT. LAUDERDALE FL 33306	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FARROW, DIRK	
STREET ADDRESS	7280 HAWKSNEST BLVD.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NOLAN, GARY	
STREET ADDRESS	239 N. HARBOR DR.	
CITY-ST-ZIP	REDONDO BEACH FL 90277	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROCKER, WALTER	
STREET ADDRESS	301 CARRIAGE WAY	
CITY-ST-ZIP	EATON GA 31024	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROCKER, WILLIAM G	
STREET ADDRESS	409 MAIDEN LANE	
CITY-ST-ZIP	SPARTA GA 31087	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Taylor, Robert D	
1.3 STREET ADDRESS	3200 N. Federal Hwy, Ste 201	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33306	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gary NOLEN	
3.3 STREET ADDRESS	239 N. Harbor Dr.	
3.4 CITY-ST-ZIP	Redondo Beach, FL 90277	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Rocker, Walter	
4.3 STREET ADDRESS	301 Carriage Way	
4.4 CITY-ST-ZIP	Eaton, GA 31024	
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

CR2E034 (10/97)