


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

FILED
May 12 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 # P96000088640 (3)
 1. Corporation Name
AMERIDIS CORPORATION



Principal Place of Business 240 1ST AVENUE SOUTH #400 ST. PETERSBURG FL 33701	Mailing Address P.O. BOX 20240 ST. PETERSBURG FL 33742
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1000 S. Harbour Island Blvd.		2a. Mailing Address 26 PO BOX 20248		3. Date Incorporated or Qualified 10/25/1996	
Suite, Apt. #, etc. 22 Suite #608		Suite, Apt. #, etc. 27		4. FEI Number 59-3408101	
City & State 23 TAMPA FL		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33602		Country 25 USA		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 checked="" type="checkbox"/> No	

g. Name and Address of Current Registered Agent TYRANSKI, GAET 240 1ST AVENUE SOUTH #400 ST. PETERSBURG FL 33701				10. Name and Address of New Registered Agent			
81 Name Kent G. Whittemore		82 Street Address (P.O. Box Number is Not Acceptable) 1 Beach Dr SE Ste 205		83			
84 City St Petersburg		85 State FL		86 Zip Code 33701			

11. Pursuant to the provisions of Sections 607.502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, to be filed 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, Sections 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **Kent G. Whittemore** DATE: **4/28/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D, VP, S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TYRANSKI, GAET		1.2 NAME	
STREET ADDRESS 240 1ST AVENUE SOUTH #400		1.3 STREET ADDRESS 11400 4th ST N #1307	
CITY-ST-ZIP ST. PETERSBURG FL 33701		1.4 CITY-ST-ZIP St. Petersburg, FL 33716	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME Geoffrey R. Enck	
STREET ADDRESS		2.3 STREET ADDRESS 1000 S. Harbour Island Blvd. #2608	
CITY-ST-ZIP		2.4 CITY-ST-ZIP TAMPA FL 33602	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Tamer Powers	
STREET ADDRESS		3.3 STREET ADDRESS 250 Mercer St. #C216	
CITY-ST-ZIP		3.4 CITY-ST-ZIP New York, NY 10012	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* **GABY TYRANSKI** DATE: **4/28/98** TELEPHONE: **8138987900**

CP2E034 (10/97)