

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

FILED
Apr 24 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 # P96000101108 (4)
 1. Corporation Name
PALADIN ASSOCIATES, INC.



Principal Place of Business 1655 E. SEMORAN BLVD., STE. 30 APOPKA FL 32703	Mailing Address 1655 E. SEMORAN BLVD., STE. 30 APOPKA FL 32703
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1655 E Semoran Blvd	2a. Mailing Address 26 1655 E Semoran Blvd.
Suite, Apt. #, etc. 22 Suite 12	Suite, Apt. #, etc. 27 Suite 12
City & State 23 Apopka, FL	City & State 28 Apopka, FL
Zip 24 32703	Country 25 USA
Country 25 USA	Zip 29 32703
Country 30 USA	

3. Date Incorporated or Qualified 12/16/1996	4. FEI Number 59-3412055	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
KOHLMANN, JAMES D
1655 E. SEMORAN BLVD., STE. 30
APOPKA FL 32703

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
	1655 E Semoran Blvd, Suite 12		Apopka	FL 32703

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: *James D. Kohlmann* (Signature) **James D. Kohlmann, President** (NOTE: Registered Agent signature required when reinstating) DATE: **4/17/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHLMANN, JAMES D	1.2 NAME	
STREET ADDRESS	1655 E SEMORAN BLVD, SUITE 30	1.3 STREET ADDRESS	1655 E Semoran Blvd, Suite 12
CITY-ST-ZIP	APOPKA FL 32703	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHLMANN, GLORIA W	2.2 NAME	
STREET ADDRESS	1655 E SEMORAN BLVD, SUITE 30	2.3 STREET ADDRESS	1655 E Semoran Blvd, Suite 12
CITY-ST-ZIP	APOPKA FL 32703	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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: *James D. Kohlmann* **James D. Kohlmann** DATE: **4/17/98** 407/886-1115

CR2E034 (10/97)