


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

**FILED**  
**May 11 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000007252 (4)**  
 1. Corporation Name  
**REF, INC.**



Principal Place of Business <b>2924 CREEKWOOD DRIVE CANTONMENT FL 32533</b>	Mailing Address <b>2924 CREEKWOOD DRIVE CANTONMENT FL 32533</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>9323 E. 37TH STREET NORTH</b>		26 <b>9323 E. 37TH STREET NORTH</b>		01/23/1997	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 <b>WICHITA, KANSAS</b>		28 <b>WICHITA, KANSAS</b>		59-3425235	
24 <b>67226</b>		29 <b>67226</b>		5. Certificate of Status Desired <input type="checkbox"/>	
25 Country		30 Country		\$8.75 Additional Fee Required	
23 <b>WICHITA, KANSAS</b>		28 <b>WICHITA, KANSAS</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24 <b>67226</b>		29 <b>67226</b>		\$5.00 May Be Added to Fees	
25 Country		30 Country		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	

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>TAYLOR, MICHAEL S</b> <b>2924 CREEKWOOD DRIVE</b> <b>CANTONMENT FL 32533</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT &amp; DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, MICHAEL S</b>	1.2 NAME	
STREET ADDRESS	<b>2924 CREEKWOOD DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CANTONMENT FL 32533</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>TREASURER &amp; DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>MARVIN O. LONG</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>14911 SHARON LANE</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>WICHITA, KANSAS 67230</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>BRENDA J. BUTLER</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>9323 E. 37TH STREET NORTH</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>WICHITA, KANSAS 67226</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>MICHAEL W. DART</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>1201 DEERWOOD DRIVE</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>DESTIN, FLORIDA 32541</b>
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: *Marvin O. Long* 4/29/98 (316)634-3362

CR2E034 (10/97)