

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

**FILED**

**Jun 04 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 # P97000026187 (9)**  
1. Corporation Name  
**TRAFALGAR 800, INC.**



Principal Place of Business <b>1085 RAINER DRIVE POST OFFICE BOX 160007 ALTAMONTE SPRINGS FL 32716</b>	Mailing Address <b>1085 RAINER DRIVE POST OFFICE BOX 160007 ALTAMONTE SPRINGS FL 32716</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>800 TRAFALGAR CT</b> Suite, Apt. #, etc. 22 <b>200</b> City & State 23 <b>MAITLAND FL</b> Zip Country 24 <b>32751</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>800 TRAFALGAR CT</b> Suite, Apt. #, etc. 27 <b>200</b> City & State 28 <b>MAITLAND FL</b> Zip Country 29 <b>32751</b> 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>03/24/1997</b>	4. FEI Number <b>59-3433335</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
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		

9. Name and Address of Current Registered Agent  
**BROWN, GARY E  
1085 RAINER DRIVE  
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>800 TRAFALGAR CT #200</b>
83	
84 City	<b>MAITLAND FL</b>
85 Zip Code	<b>32751</b>

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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **Gary E. Brown Director** **4/29/98**  
Signature, typed or block name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, GARY E</b>	
STREET ADDRESS	<b>1085 RAINER DR, PO BOX 160007</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32716</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VON WELER, HAROLD J</b>	
STREET ADDRESS	<b>1085 RAINER DR, PO BOX 160007</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32716</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, STEVEN S</b>	
STREET ADDRESS	<b>1085 RAINER DR, PO BOX 160007</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32716</b>	
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	<b>C/D/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>BROWN, GARY E.</b>	
1.3 STREET ADDRESS	<b>800 TRAFALGAR CT #200</b>	
1.4 CITY-ST-ZIP	<b>MAITLAND, FL 32751</b>	
2.1 TITLE	<b>D/V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VONWEILER, HAROLD J.</b>	
2.3 STREET ADDRESS	<b>800 TRAFALGAR CT #200</b>	
2.4 CITY-ST-ZIP	<b>MAITLAND, FL 32751</b>	
3.1 TITLE	<b>D/V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DAVIS, STEVEN S.</b>	
3.3 STREET ADDRESS	<b>800 TRAFALGAR CT. #200</b>	
3.4 CITY-ST-ZIP	<b>MAITLAND, FL 32751</b>	
4.1 TITLE	<b>S/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>POKORNY, TIMOTHY G</b>	
4.3 STREET ADDRESS	<b>800 TRAFALGAR CT #200</b>	
4.4 CITY-ST-ZIP	<b>MAITLAND, FL 32751</b>	
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 *[Signature]* **Gary E. Brown** **4/29/98** **(407)475-0800**

CR2E034 (10/97)