

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

**FILED**  
**Mar 27 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 # P97000056219 (3)**  
 1. Corporation Name  
**RUSH SIMULATIONS, INC.**



Principal Place of Business <b>3611 SUTTON DR. ORLANDO FL 32810</b>	Mailing Address <b>3611 SUTTON DR. ORLANDO FL 32810</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6628 Old Winter Garden Rd</b>		2a. Mailing Address 26 <b>6628 Old Winter Garden Rd</b>		3. Date Incorporated or Qualified <b>06/26/1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-346 7395</b>	
City & State 23 <b>Orlando FL</b>		City & State 27 <b>Orlando FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>32811</b>		Country 25 <b>32811</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 29 <b>32811</b>		Zip 30 <b>32811</b>		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  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name <b>Frank McMillan, Attorney</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>655 N Wymore Road, Suite 101</b>
83
84 City <b>Winter Park</b>
85 State <b>FL</b>
Zip Code <b>32789</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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Frank McMillan* **FRANK McMILLAN** DATE: **1/9/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>MC MILLAN, ROB</b>	
STREET ADDRESS	<b>3611 SUTTON DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32810</b>	
TITLE	<b>DVS</b>	<input type="checkbox"/> DELETE
NAME	<b>MC MILLAN, FRANK</b>	
STREET ADDRESS	<b>6123 LINNEAL BEACH DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32703</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MC MILLAN, NANCY</b>	
STREET ADDRESS	<b>6123 LINNEAL BEACH DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32703</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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	

*PE 3-27*  
*Dep \$50*

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: *Frank McMillan* DATE: **1/9/98**

CR2E034 (10/97)