

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

FILED

May 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V24933 (6)
1. Corporation Name
NULAB, INC.



Principal Place of Business
433 CLEVELAND STREET
SUITE 801
CLEARWATER FL 34615

Mailing Address
433 CLEVELAND STREET
SUITE 801
CLEARWATER FL 34615

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|--|--|---|--|
| 2. Principal Place of Business 21 519 CLEVELAND ST. Suite, Apt. #, etc. 22 101 City & State 23 CLEARWATER FL Zip 24 34615 | | 2a. Mailing Address 26 519 CLEVELAND ST. Suite, Apt. #, etc. 27 101 City & State 28 CLEARWATER, FL Zip 29 34615 Country 30 PIMUNAS | | 3. Date Incorporated or Qualified 03/30/1992 | |
| | | 4. FEI Number 59-3114901 | | Applied For 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 | | | |
| g. Name and Address of Current Registered Agent FLORES, JORGE 433 CLEVELAND STREET SUITE 801 CLEARWATER FL 34615 | | | | 10. Name and Address of New Registered Agent | |
| | | | | 81 Name | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83 | |
| | | | | 84 City | |
| | | | | FL 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|---|
| TITLE | C <input type="checkbox"/> DELETE | 1.1 TITLE | PRESIDENT, TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHNSON, HAKAN W. | 1.2 NAME | JOHANSON, HAKAN W. |
| STREET ADDRESS | 433 CLEVELAND ST. | 1.3 STREET ADDRESS | 519 CLEVELAND ST. #101 |
| CITY-ST-ZIP | CLEARWATER FL | 1.4 CITY-ST-ZIP | CLEARWATER, FL 34615 |
| TITLE | S <input type="checkbox"/> DELETE | 2.1 TITLE | SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHANSSON, GABRIELA | 2.2 NAME | JOHANSON, GABRIELA |
| STREET ADDRESS | 433 CLEVELAND ST. | 2.3 STREET ADDRESS | 519 CLEVELAND ST. #101 |
| CITY-ST-ZIP | CLEARWATER FL | 2.4 CITY-ST-ZIP | CLEARWATER, FL 34615 |
| 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 incorporator 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: HAKAN JOHANSON 4/15/98 (813) 446-1126

CR2E034 (10/97)