

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

FILED  
Jan 22 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 # P95000058902 (4)

1. Corporation Name  
180 DEGREES, INC.



Principal Place of Business

15234 ARABIAN WAY  
MONTVERDE FL 34756

Mailing Address

15234 ARABIAN WAY  
MONTVERDE FL 34756

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 14195-W. Colonial Drive		26 Suite, Apt. #, etc.		07/28/1995	
22 City & State		27 City & State		4. FEI Number	
23 Winter Barden, Florida		28 City & State		59-3339317	
24 Zip		29 Country		5. Certificate of Status Desired	
34787		US		6. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	

Applied For  
Not Applicable

\$8.75 Additional  
Fee Required

\$5.00 May Be  
Added to Fees

Yes No

9. Name and Address of Current Registered Agent

BOKALO, TARAS P  
15234 ARABIAN WAY  
MONTVERDE FL 34756

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

FL

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	PD	1.1 TITLE	
NAME	BOKALO, TARAS P	1.2 NAME	
STREET ADDRESS	15234 ARABIAN WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTVERDE FL 34756	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	BOKALO, GEORGE	2.2 NAME	
STREET ADDRESS	15234 ARABIAN WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTVERDE FL 34756	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	BOKALO, DIANE K	3.2 NAME	
STREET ADDRESS	15234 ARABIAN WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTVERDE FL 34756	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)(j), 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: Diane K Bokalo - Diane K Bokalo 1-14-98 407 298-4016

CR2E034 (10/97)