

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

FILED  
Feb 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000072478 (9)

1. Corporation Name  
TOMAHAWK MAIL AND COMMUNICATIONS, INC.



Principal Place of Business

1970 E OSCEOLA PKWY  
KISSIMMEE FL 34743  
US

Mailing Address

1970 E OSCEOLA PARKWAY  
KISSIMMEE FL 34743  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/14/1993

2. Principal Place of Business 21 4630 S. Kirkman Rd. Suite, Apt. #, etc. 22 City & State 23 ORLANDO, FLA. Zip 32811 Country US	2a. Mailing Address 26 4630 S. Kirkman Rd. Suite, Apt. #, etc. 27 City & State 28 ORLANDO, FLA. Zip 32811 Country US	4. FEI Number 59-3202021 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 type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

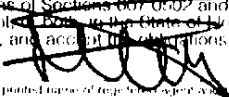
FARRELL GORDON AND ASSOCIATES, P.A.  
2111 E MICHIGAN ST  
SUITE 140  
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name MIKE RESNICK  
82 Street Address (P.O. Box Number is Not Acceptable)  
1342 E Vine St. #236  
83  
84 City Kissimmee FL 85 Zip Code 34744

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, 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, if applicable,

MIKE RESNICK Attorney at Law 1/15/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MORRIS, DONNA 1970 OSCEOLA PKWY KISSIMMEE FL 34743 CITY-ST-ZIP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	4630 S. KIRKMAN RD.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	V MORRIS, JEFFERY 1970 OSCEOLA PKWY KISSIMMEE FL 34743 CITY-ST-ZIP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	4630 S. KIRKMAN RD.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	S MORRIS, JAMES 1970 OSCEOLA PKWY. KISSIMMEE FL 34343 CITY-ST-ZIP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	4630 S. KIRKMAN RD.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ORLANDO, FL 32811
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	TAMMY MORRIS
STREET ADDRESS		4.3 STREET ADDRESS	4630 S. KIRKMAN RD.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ORLANDO, FL 32811
TITLE		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		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:  JEFFREY E. MORRIS 1/7/98 (407) 916-6644

CR2E034 (10/97)