

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

FILED
Jul 13 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 # 392312 (5)
1. Corporation Name
~~CISO, INC.~~
Schumacher Enterprises, Inc 1-12-98

Principal Place of Business Mailing Address
~~2410 NO. RIO GRANDE AVE.~~
~~ORLANDO FL 32804~~
~~2410 NO. RIO GRANDE AVE.~~
~~ORLANDO FL 32804~~

DO NOT WRITE IN THIS SPACE

21 Principal Place of Business P.O. Box 626 Suite, Apt. #, etc. City & State Orange Springs, FL Zip 32182 Country USA	26 Mailing Address P.O. Box 626 Suite, Apt. #, etc. City & State Orange Springs, FL Zip 32182 Country USA
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3. Date Incorporated or Qualified 12/07/1971	4. FEI Number 59-1372190	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		

9. Name and Address of Current Registered Agent SCHUMACHER, CLAUDIA W. 13514 NE 232nd Ln. Rd. 2410 NO. RIO GRANDE AVE. P.O. Box 626 ORLANDO FL 32804 Orange Springs, FL 32182 - 0000	
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10. Name and Address of New Registered Agent	
81 Name Claudia W Schumacher	85 Zip Code 32182
82 Street Address (P.O. Box Number is Not Acceptable) 13514 N.E. 232nd Lane Road	
83	
84 City Orange Springs 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 Claudia Schumacher Claudia Schumacher, President 4/12/98
Signature: typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	WILLIAMS, CLAUDE R
STREET ADDRESS	2410 N RIO GRANDE AVE
CITY-ST-ZIP	ORLANDO FL
TITLE	VSD
NAME	SCHUMACHER, WAYNE
STREET ADDRESS	2410 N RIO GRANDE AVE
CITY-ST-ZIP	ORLANDO FL
TITLE	PD
NAME	SCHUMACHER, CLAUDIA W
STREET ADDRESS	2410 N RIO GRANDE AVE
CITY-ST-ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	13514 NE 232nd Lane Road
2.3 STREET ADDRESS	P.O. Box 626 (N/A)
2.4 CITY-ST-ZIP	Orange Springs, FL 32182
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	13514 NE 232nd Lane Road
3.3 STREET ADDRESS	P.O. Box 626 (N/A)
3.4 CITY-ST-ZIP	Orange Springs, FL 32182
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 checked="" type="checkbox"/> Addition
6.2 NAME	000002588030
6.3 STREET ADDRESS	-07/14/98--01042--033
6.4 CITY-ST-ZIP	***150.00

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 Claudia Schumacher President 4/12/98 32182

CR2E034 (10/97)