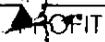


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 25 1998 8:00am**  
**Secretary of State**

 <b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 407968  
 1. Corporation Name  
 Perry Reed, Inc

Principal Place of Business	Mailing Address
909 West International Blvd Daytona Beach, FL 32114	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 909 West Inter. Blvd	26 Same
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State Daytona Beach, FL	28 City & State
24 Zip 32114	29 Country USA

3. Date Incorporated or Qualified	4. FEI Number	Applied For
<del>02/27/98</del> 4-27-62	59 0953538	Not Applicable
5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
<input type="checkbox"/>	<input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
\$8.75 Additional Fee Required	\$5.00 May Be Added to Fees	

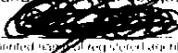
9. Name and Address of Current Registered Agent

Arthur B Chapman  
 781 Falcon Drive  
 Port Orange FL 32127

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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:  (NOTE: Registered Agent's signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	Arthur Chapman Pres	781 Falcon Drive	Port Orange FL 32127	
	See Tres. Elizabeth Chapman	781 Falcon Drive	Port Orange FL 32127	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

900002442159  
 -02/27/98--01005--031  
 \*\*\*150.00  
 \$2.25

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:  DATE: 2-23-98 904 252 2632

CR2E034 (10/97)