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

PROFIT Apr 27 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B_KMartham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 518103 FLORIDEX CORPORATION Principal Place of Business Mailing Address 053 SUNSHINE LANE **953 SUNSHINE LANE** ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/08/1976 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 3220 37th Street 3220 37th Street 59-1702875 Not Applicable Sulte, Apt. #, etc Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Orlando, FL Orlando, 23 П 28 Trust Fund Contribution Added to Fees ^{Žip}32839 Country Country ^{Zi}32839 8. This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ALEKSA, EDMUND J Richard Leader **402 ALCAZAR AVENUE** 82 Street Address (P.O. Box Number is Not Acceptable) ALTAMONTE SPRINGS FL 32714 83 84 City 85 Zg 2822 Oviedo 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. Richard Burnelling ed when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **DELETE TOTLE Change Addition 11 TITLE ALEKSA, EDMUND J Frank Trytek NAME 1.2 NAME 402 ALCAZAR AVENUE 5205 Conch Court STREET ADDRESS 1.3 STREET ADDRESS ALTAMONTE SPRGS, FL00000 Orlando, FL CITY-ST-ZIP 1.4 CITY-ST-ZIP 32819-7561 **₹**DELETE TITLE Addition 21 TITLE Change NAME ALEKSA, GWENDOLYNE Richard Leader 2 2 NAME STREET ADORESS 402 ALCAZAR AVENUE 3010 Bluffton Cove 2.3 STREET ADORESS ALTAMONTE SPRGS, FL00000 CITY-ST-ZIP Oviedo, FL 32822 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 41 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE Change ___ Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 14. Thereby 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 recoiver 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.

FILED

(407) 839-4669