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FILED
Jan 20 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 # **539233** **(7)**

1. Corporation Name
NANEX SYSTEMS CORPORATION

Principal Place of Business	Mailing Address
870 WINDRIVER DR. SYKESVILLE MD 21784	870 WINDRIVER DR. SYKESVILLE MD 21784

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3123 Susan Dr. Suite, Apt. #, etc. 22 Crestview, Fl City & State 23 FL Zip 24 32536 Country 25 USA	2a. Mailing Address 26 870 Windriver Dr. Suite, Apt. #, etc. 27 Sykesville City & State 28 MD Zip 29 21784 Country 30 USA

3. Date Incorporated or Qualified: 07/11/1977

4. FEI Number: 59-1770952 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FREED, A.
3123 SUSAN DRIVE
CRESTVIEW FL 32536

10. Name and Address of New Registered Agent

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

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: ANNA M Freed — 1-9-1998
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	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FREED, ANNA-MARIA		1.2 NAME	
STREET ADDRESS	870 WINDRIVER DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	SYKESVILLE MD 21704		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COLLIER, K.A.		2.2 NAME	
STREET ADDRESS	11710 SAMBASS BLDG., APT. 1802		2.3 STREET ADDRESS	
CITY-ST-ZIP	DENTON TX 76205		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FREED, H.		3.2 NAME	
STREET ADDRESS	13830 COOLEY ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCESS ANNE MD 21853		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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: ANNA M FREED, Pres. 1-9- 813/442-2824