

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

FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **546320** (3)

1. Corporation Name  
**ASSOCIATED HOSTS OF FLORIDA, INC.**

Principal Place of Business  
**18801 VENTURA BLVD. #200  
TARZANA CA 91356**

Mailing Address  
**18801 VENTURA BLVD. #200  
TARZANA CA 91356**



DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 <b>8910 PURDUE RD.</b> Suite, Apt. #, etc. 22 <b>#315</b> City & State 23 <b>INDIANAPOLIS, IN</b> Zip Country 24 <b>46268</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>8910 PURDUE RD.</b> Suite, Apt. #, etc. 27 <b>#315</b> City & State 28 <b>INDIANAPOLIS, IN</b> Zip Country 29 <b>46268</b> 30 <b>USA</b>		3. Date Incorporated or Qualified <b>08/02/1977</b>	
		4. FEI Number <b>95-3183915</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and date (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>ROULEAU, MARK</b>	
STREET ADDRESS	<b>18801 VENTURA BLVD #200</b>	
CITY-ST-ZIP	<b>TARZANA CA 91356</b>	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	<b>KNIGHT, JOHN</b>	
STREET ADDRESS	<b>18801 VENTURA BLVD #200</b>	
CITY-ST-ZIP	<b>TARZANA CA 91356</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>SECT./ TREAS.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>FRED MEANS</b>	
1.3 STREET ADDRESS	<b>8910 PURDUE RD. #315</b>	
1.4 CITY-ST-ZIP	<b>INDIANAPOLIS, IN 46268</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 amendment with an address.

SIGNATURE:



MARK ROULEAU, PRESIDENT 04/20/98 (317) 876-3290

CR2E034 (10/97)