

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

FILED
May 01 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 # 643582 (0)
1. Corporation Name
BANNEX CORPORATION

Principal Place of Business
5755 HOOVER BLVD
TAMPA FL 33634
US

Mailing Address
P.O. BOX 25376
TAMPA FL 33622



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5755 HOOVER BLVD Suite, Apt. #, etc. 22 Tampa, FL City & State 23 Zip 33634 Country USA		2a. Mailing Address 26 P.O. BOX 25376 Suite, Apt. #, etc. 27 TAMPA FL 33622 City & State 28 Zip Country		3. Date Incorporated or Qualified 10/31/1979	
4. FEI Number 59-1949611		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent MARQUARDT, EMIL C JR 400 CLEVELAND ST., 8TH FLOOR CLEARWATER FL 34615		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	
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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 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	PD	1.1 TITLE	P
NAME	BANNING, DAVID	1.2 NAME	Robert C. Lerner
STREET ADDRESS	921 GUI SANDO DE AVILA	1.3 STREET ADDRESS	600 Technology Dr
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Billerica, MA 01821
TITLE	SD	2.1 TITLE	TD
NAME	BANNING, MARY	2.2 NAME	Richard L. Buckingham
STREET ADDRESS	921 GUI SANDO DE AVILA	2.3 STREET ADDRESS	600 Technology Dr
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Billerica, MA 01821
TITLE	V	3.1 TITLE	SD
NAME	BANNING, DAVID A JR.	3.2 NAME	Albert A. Notini
STREET ADDRESS	16207 BELLE MEADE BL	3.3 STREET ADDRESS	600 Technology Dr
CITY-ST-ZIP	ODESSA FL	3.4 CITY-ST-ZIP	Billerica, MA 01821
TITLE	V	4.1 TITLE	D
NAME	THOMPSON, RENA	4.2 NAME	Robert E. Curtis
STREET ADDRESS	8801 BELL CREST COURT	4.3 STREET ADDRESS	600 Technology Dr
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Billerica, MA 01821
TITLE	V	5.1 TITLE	
NAME	PIKE, BOB	5.2 NAME	
STREET ADDRESS	11502 NORUAL PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	MCCLAIN, TIM	6.2 NAME	
STREET ADDRESS	4807 CENTERBROOK CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	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 liquidator thereof; and that I am authorized 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: _____ Robert Pike 4/22/98 (813) 884-2500

CR2E034 (10/97)