

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

FILED
Mar 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
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DOCUMENT # F00909 (4)

1. Corporation Name
ASTURGAL CORPORATION



Principal Place of Business 2630-A N W 41ST ST P O BOX 13461 GAINESVILLE FL 32604	Mailing Address 2630-A N W 41ST ST P O BOX 13461 GAINESVILLE FL 32604
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13151 Newberry Road Suite, Apt. #, etc. 22	2a. Mailing Address 26 P.O. Box 13461 Suite, Apt. #, etc. 27	23 City & State Tioga, FL Zip Country 32669 USA	28 City & State Gainesville, FL Zip Country 32604 USA
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3. Date Incorporated or Qualified 10/08/1980	4. FEI Number 59-2066788	Applied For <input type="checkbox"/> Not Applicable
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

DIAZ, FRANKLIN J
 2630 A N W 41ST ST
 GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 13151 Newberry Road
 83
 84 City
 Tioga, FL FL 85 Zip Code
 32669

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 signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	DIAZ, LUIS	
STREET ADDRESS	2630-A N.W. 41ST STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	TABOADA, MANUEL	
STREET ADDRESS	2630-A N W 41ST ST	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DIAZ, MIGUEL J	
STREET ADDRESS	2630-A N W 41ST ST	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DIAZ, MARIA T.	
STREET ADDRESS	2630-A N.W. 41ST STREET	
CITY-ST-ZIP	GAINESVILLE FL	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	13151 Newberry Road
1.4 CITY-ST-ZIP	Tioga, FL 32669
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	13151 Newberry Road
2.4 CITY-ST-ZIP	Tioga, FL 32669
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	13151 Newberry Road
3.4 CITY-ST-ZIP	Tioga, FL 32669
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	13151 Newberry Road
4.4 CITY-ST-ZIP	Tioga, FL 32669
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 attachment with an address.

SIGNATURE: *[Signature]* 3-11-98 357-331-6220

CR2E034 (10/97)