CR2E034 (5/98)

1998

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

SIGNATURE:

FILED Jul 29 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # F68061 (3)VIKING WORLD, INC. Principal Place of Business Mailing Address 4539 W IRLO BRONSON HWY. 4539 W IRLO BRONSON HWY. KISSIMMEE FL 34748 KISSIMMEE FL 34746 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/16/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2184903 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intengible Personal Property Tax due June 30. Yes No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LANGENSTROER, CHRISTINE 4539 W IRLO BRONSON HWY. 82 Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE FL 34746 83 84 City Zip Code 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE 1.1 TITLE DELETE ___ Change ___ Addition LANGENSTROER, BERT NAME 1.2 NAME 2003 N. STEWART STREET 1.3 STREET ADDRESS STREET ADDRESS **KISSIMMEE FL 34746** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition LANGENSTROER, CHRISTINE NAME 2.2 NAME 2003 N. STEWART STREET STREET ADDRESS 2.3 STREET ADDRESS KISSIMMEE FL 34746 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE ___ Change ___ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 51 TITLE DELETE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 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 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 trystee 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. CHRIST INE LANGENSTROER