


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

FILED
May 05 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 # F95000000638 (5)					
1. Corporation Name LA-MAN CORPORATION OF NEVADA					
Principal Place of Business 2180 WEST STATE ROAD 434, STE. 6136 STE 6136 LONGWOOD FL 32779 US			Mailing Address 2180 WEST STATE ROAD 434, STE. 6136 LONGWOOD FL 32779		
2. Principal Place of Business 21 5029 Edgewater Drive Suite, Apt. #, etc.		2a. Mailing Address 26 5029 Edgewater Drive Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/07/1995	
22 Orlando FL City & State		27 Orlando FL City & State		4. FEI Number 38-2286268 Applied For Not Applicable	
23 3810 Zip		24 Orange Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 32810 Zip		26 Orange Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent HARRIS, MARSHALL S 300 NORTH ORANGE AVE SUITE 1100 ORLANDO FL 32801				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 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	C	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEWART, J. MELVIN		1.2 NAME		
STREET ADDRESS	2201 CANTU COURT, SUITES 217-218		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34232		1.4 CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRANDNER, J. WILLIAM		2.2 NAME		
STREET ADDRESS	2180 W. STATE ROAD 434, SUITE 6136		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779		2.4 CITY-ST-ZIP		
TITLE	DSV	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOARD, PHILIP H		3.2 NAME		
STREET ADDRESS	7450 SOUTH HOMESTEAD DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	HAMILTON IN 46742-0487		3.4 CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THRASHER, TODD D		4.2 NAME		
STREET ADDRESS	2180 W STATE RD 434, SUITE 6136		4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

SIGNATURE:

Todd Thrasher Todd Thrasher

CFO 4-6-98 407-521-7477

CR2E034 (10/97)