

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

FILED

**May 13 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 # F95000003200 (1)
1. Corporation Name
RESTOR-AIT, INC.



Principal Place of Business 4501 VINELAND ROAD ORLANDO FL 32811	Mailing Address 4501 VINELAND ROAD ORLANDO FL 32811
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2900 TITAN RD	26 945 E. PALMS FERRY, RD.			07/03/1995	
22 SUITE 142	27 SUITE 2240	4. FEI Number		Applied For	
23 ORLANDO, FL 32809	28 ATLANTA, GA	59-3331808		Not Applicable	
24 32809	25 ORANGE	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	
		29 30326		30 FULTON	
8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

**CAUTHEN, WILLIAM H
CAUTHEN & FELDMAN, P.A.
215 NORTH JOANNA AVE.
TAVARES FL 32778**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 William H. Cauthen DATE 4/31/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VDI <input type="checkbox"/> DELETE	1.1 TITLE	VDI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERGEL, MARK A	1.2 NAME	GERGEL, MARK A.
STREET ADDRESS	4501 VINELAND ROAD	1.3 STREET ADDRESS	945 E. PALMS FERRY ROAD - SUITE 2240
CITY-ST-ZIP	ORLANDO FL 32811	1.4 CITY-ST-ZIP	ATLANTA, GA 30326
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIDDER, MARTIN D	2.2 NAME	KIDDER, MARTIN D.
STREET ADDRESS	4501 VINELAND ROAD	2.3 STREET ADDRESS	945 E PALMS FERRY ROAD - SUITE 2240
CITY-ST-ZIP	ORLANDO FL 32811	2.4 CITY-ST-ZIP	ATLANTA, GA 30326
TITLE	C <input type="checkbox"/> DELETE	3.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODOM, STEVEN A	3.2 NAME	ODOM, STEVEN A
STREET ADDRESS	4501 VINELAND ROAD	3.3 STREET ADDRESS	945 E PALMS FERRY ROAD - SUITE 2240
CITY-ST-ZIP	ORLANDO FL 32811	3.4 CITY-ST-ZIP	ATLANTA, GA 30326
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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.

CR2E034 (10/97)