

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

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000003871 (9)**  
 1. Corporation Name  
**RONSTAN INTERNATIONAL, INC.**



Principal Place of Business <b>7600 BRYAN DAIRY RD SUITE F LARGO FL 33777 US</b>	Mailing Address <b>7600 BRYAN DAIRY RD SUITE F LARGO FL 33777 US</b>
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DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified  
**08/10/1995**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>59-3296934</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE DC	<input checked="" type="checkbox"/> DELETE
NAME BILLINGTON, PHILIP G	
STREET ADDRESS 7600 BRYAN DAIRY RD, SUITE F	
CITY-ST-ZIP LARGO FL	
TITLE D	<input type="checkbox"/> DELETE
NAME EVANS, DAVID R	
STREET ADDRESS 7600 BRYAN DAIRY RD, SUITE F	
CITY-ST-ZIP LARGO FL	
TITLE DVS	<input checked="" type="checkbox"/> DELETE
NAME WHYTE, DAVID F	
STREET ADDRESS 7600 BRYAN DAIRY RD, SUITE F	
CITY-ST-ZIP LARGO FL	
TITLE DR DP	<input type="checkbox"/> DELETE
NAME MURRAY, ALISTAIR	
STREET ADDRESS 7600 BRYAN DAIRY RD, SUITE F	
CITY-ST-ZIP LARGO FL	
TITLE S	<input checked="" type="checkbox"/> DELETE
NAME BLOUNT, MICHAEL E	
STREET ADDRESS 55 E MONROE ST, SUITE 2400	
CITY-ST-ZIP CHICAGO IL	
TITLE VT	<input checked="" type="checkbox"/> DELETE
NAME BANNISTER, PAUL H	
STREET ADDRESS 7600 BRYAN DAIRY RD, SUITE F	
CITY-ST-ZIP LARGO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE Director, Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME K.C. Fullmer	
1.3 STREET ADDRESS 7600 Bryan Rd N, Ste. F	
1.4 CITY-ST-ZIP Largo, FL 33777	
2.1 TITLE Secretary, Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Cathy Randolph	
2.3 STREET ADDRESS 7600 Bryan Dairy Rd N, Ste. F	
2.4 CITY-ST-ZIP Largo, FL 33777	
3.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Laine McCooke	
3.3 STREET ADDRESS 7600 Bryan Dairy Rd N, Ste. F	
3.4 CITY-ST-ZIP Largo, FL 33777	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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: *Cathy Randolph* 4/29/98 013-545-1911

CR2E034 (10/97)