


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).

FILED
Aug 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 # **F96000005329 (5)**
1. Corporation Name
MOBILE CONSULTANTS, INC.



Principal Place of Business 135 E. LIBERTY STREET WOOSTER OH 44691 US	Mailing Address 135 E. LIBERTY STREET WOOSTER OH 44691 US
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DO NOT WRITE IN THIS SPACE

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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3. Date Incorporated or Qualified 10/14/1996	4. FEI Number 34-1831194	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 type="checkbox"/> Yes <input type="checkbox"/> No

8. Name and Address of Current Registered Agent
**LEXIS DOCUMENT SERVICES, INC.
3953 WW KELLY RD.
TALLAHASSEE FL 32311**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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	PO	<input type="checkbox"/> DELETE
NAME	JAMES, RONALD A JR	
STREET ADDRESS	22752 HARRISBURG-WESTVILLE RD.	
CITY-ST-ZIP	ALLIANCE OH 44601	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAMES, RONALD A SR	
STREET ADDRESS	22752 HARRISBURG-WESTVILLE RD.	
CITY-ST-ZIP	ALLIANCE OH 44601	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	MEEK, JEFFREY E	
STREET ADDRESS	22752 HARRISBURG-WESTVILLE RD.	
CITY-ST-ZIP	ALLIANCE OH 44601	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUNG, DARRELL	
STREET ADDRESS	22752 HARRISBURG-WESTVILLE RD.	
CITY-ST-ZIP	ALLIANCE OH 44601	
TITLE	SO	<input type="checkbox"/> DELETE
NAME	ITTLE, JAMES J	
STREET ADDRESS	135 E. LIBERTY ST.	
CITY-ST-ZIP	WOOSTER OH 44691	
TITLE	DO	<input type="checkbox"/> DELETE
NAME	DOUCE, L D	
STREET ADDRESS	135 E. LIBERTY ST.	
CITY-ST-ZIP	WOOSTER OH 44691	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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: JAMES STOKER JR REGARDIA K. TOULUP 8/14/98 300-522-1545

011/583

CR2E034 (5/98)