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

**CORPORATION** ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9700000242 (4)

VIKIMATIC SALES, INC.

Principal Place of Business	Mailing Address
600 PLUM CREEK	600 PLUM CREEK
WADSWORTH OH 44281	WADSWORTH OH 44281

## **FILED** Mar 13 1998 8:00am Secretary of State



9. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  81 Name 82 Street Address (P.O. Box Number is Not Acceptable)  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 office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appoint agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE: Significe, byied or protect raine of registered and left of application.  PTD	\$8.75 Fee F \$5.00 Addecrent year Ir Yes Agent	Code ilts registered as registered DRS IN 12
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. FEI Number 4. FEI Number 3. FEI Number 5. FEI Number 6. Election Campaign Financing 7. Trust Fund Contribution  7. Trust Fund	\$8.75 Fee F \$5.00 Added rent year Ir Yes Agent  85 Zip changing ointment as	Not Applicable Additional Required May Be d to Fees Intangible No  Code gitts registered DRS IN 12
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City & State  Country  Zip  Country  Zip  Country  Country  8. This corporation were or has paid the current Registered Agent  City Country  8. This corporation sees or has paid the current Registered Agent  City Country  8. This corporation were or has paid the current Registered Agent  City Country  8. This corporation were or has paid the current Registered Agent  10. Name and Address of New Registered Agent Agent  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 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 appoagent Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Significate, byted or presided rame of produced agent and end file inspectable.  City State Address (P.O. Box Number is Not Acceptable)  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 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 appoarch of the appoarch of the provisions of Section 607.0505, Florida Statutes.  Significate, byted or presided rame and end file in appointment of the provisions of Section 607.0505, Florida Statutes.  Significate, byted or presided rame and end file in appointment of the provisions of Section 607.0505, Florida Statutes.  Significate, byted or presided agent, or both, in the State of Florida Statutes.  Significate the appointment of the current factor of the current factor of the current factor factor factor	S5.00 Addedrent year Ir Yes Agent  85 Zip changing ointment as	Required  O May Be d to Fees Intangible No  Code its registered DRS IN 12
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28	Yes Agent  85 Zip Changing ointment as	Code ilts registered as registered DRS IN 12
P. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  B2 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607.05/02 and 607.15/08, Florida Statutes, the above-named corporation submits this statement for the purpose of 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 apporagent Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OF FICE IS AND DIRICTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ITIEL  PTD	85 Zip changing ointment as	p Code I its registered as registered DRS IN 12
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HAME STREET ADDRESS 6749 GREENWICH RD. UTILE HAME SUBJECT ADDRESS CITY-ST-ZIP HAME ALLEN, JORJA STREET ADDRESS 6749 GREENWICH RD.  12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP MCCITYA, OH H4256 21 TITLE 22 NAME 23 STREET ADDRESS 6749 GREENWICH RD.  12 NAME 23 STREET ADDRESS 433 841 54	LI Change	
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NAME FRASURE, WILLIAM 32 NAME Pete Soehr		
STREET ADDRESS 11713 WALTON PLACE 33 STREET ADDRESS 845 RIAGE Rd.		
CITY-ST-ZIP NAPLES FL 34 CITY-ST-ZIP FOUND OH 44332		
33 (117 31 zii	Change	Addition
MALE WILLIAM REED	- Sinonigo	- Francisco
STREET ADDRESS 2108 Big Sandy Court		
CITY-ST-ZIP GOLD KWER, CA 456/0	Change	Addition
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CITY-S1-ZIP 6.4 CITY-S1-ZIP 6.4 CITY-S1-ZIP 6.4 CITY-S1-ZIP 14. I horeby 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 certifications are considered as a first constant of the consta		

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: