

7-16-98-B 8082-NC
 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
 Jul 16 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 # F97000005174 (4)
 1. Corporation Name
 CHROMATIX SOUTH, INC.



Principal Place of Business: 10451 TWIN RIVERS RD., #265 COLUMBIA MD 21044
 Mailing Address: 10451 TWIN RIVERS RD., #265 COLUMBIA MD 21044

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

3. Date Incorporated or Qualified: 10/02/1997
 4. FEI Number: 52-1578676
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 LLANSO, THOMAS H
 1780 PAINTED BUNTING CIRCLE
 PALM HARBOR FL 34683

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

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: _____ DATE: _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P LLANSO, TOM	1.1 TITLE	
NAME	LLANSO, TOM	1.2 NAME	
STREET ADDRESS	1780 PAINTED BUNTING CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	1.4 CITY-ST-ZIP	
TITLE	S HORVATH, DAVE	2.1 TITLE	
NAME	HORVATH, DAVE	2.2 NAME	
STREET ADDRESS	10451 TWIN RIVERS RD., #265	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD 21044	2.4 CITY-ST-ZIP	
TITLE	TDC PETERSON, STEVE	3.1 TITLE	
NAME	PETERSON, STEVE	3.2 NAME	
STREET ADDRESS	10451 TWIN RIVERS RD., #265	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD 21044	3.4 CITY-ST-ZIP	
TITLE	D LLANSO, ROCHELE	4.1 TITLE	
NAME	LLANSO, ROCHELE	4.2 NAME	
STREET ADDRESS	1780 PAINTED BUNTING CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	4.4 CITY-ST-ZIP	
TITLE	D LLANSO, THOMAS	5.1 TITLE	
NAME	LLANSO, THOMAS	5.2 NAME	
STREET ADDRESS	1780 PAINTED BUNTING CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE: _____
 KRISTINA D. PETERSON CEO 8/11/98 (201) 996-8466

CR2E034 (5/98)