

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

FILED

Apr 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
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DOCUMENT # J33319 (1)
1. Corporation Name
OCTAGON CORP.



Principal Place of Business 301 CLEMATIS STREET SUITE 204 WEST PALM BEACH FL 33401 US	Mailing Address 301 CLEMATIS STREET SUITE 204 WEST PALM BEACH FL 33401 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/16/1986	
21		26		4. FEI Number 59-2743883	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		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	
24	Zip	29	Zip		
25	Country	30	Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GSCHWEND, RALF
301 CLEMATIS STR
SUITE 204
WEST PALM BEACH FL 33401

31	Name
32	Street Address (P.O. Box Number is Not Acceptable)
33	
34	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1	
NAME	GSCHWEND, RALF	2	
STREET ADDRESS	301 CLEMATIS STREET, SUITE 204	3	
CITY-ST-ZIP	WEST PALM BEACH FL	4	
TITLE		5	
NAME		6	
STREET ADDRESS		7	
CITY-ST-ZIP		8	
TITLE		9	
NAME		10	
STREET ADDRESS		11	
CITY-ST-ZIP		12	
TITLE		13	
NAME		14	
STREET ADDRESS		15	
CITY-ST-ZIP		16	
TITLE		17	
NAME		18	
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TITLE		93	
NAME		94	
STREET ADDRESS		95	
CITY-ST-ZIP		96	
TITLE		97	
NAME		98	
STREET ADDRESS		99	
CITY-ST-ZIP		100	

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 13 if changed or on an attachment with an address.

PLEASE SIGN:  President 4/2/98

CR2E034 (10/97)