

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K18860

(2)

1. Corporation Name

STORYLINE CONCEPTS, INC.

Principal Place of Business

1110 DOUGLAS AVE.
STE 1100
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

1110 DOUGLAS AVE.
STE 1100
ALTAMONTE SPRINGS FL 32714
US

2. Principal Place of Business

21 505 719 PEACHTREE RD
Suite, Apt. #, etc.

2a. Mailing Address

26 719 Peachtree Rd #0
Suite, Apt. #, etc.

22

City & State
23 ORLANDO, FLA 32804

27 City & State

28 ORLANDO, FLA

Zip

24 32804

Country

25 USA

Zip

29 32804

Country

30 USA

9. Name and Address of Current Registered Agent

Hires, William E., Jr.
505 PEACHTREE ROAD
ORLANDO FL 32804

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 607.1506, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hires, William E., Jr.		1.2 NAME
STREET ADDRESS	505 PEACHTREE ROAD		1.3 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Duclos, William J.		2.2 NAME
STREET ADDRESS	384 WOODSTEAD CIRCLE		2.3 STREET ADDRESS
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY-ST-ZIP
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott, Kramer		3.2 NAME
STREET ADDRESS	1714 LAKESIDE DRIVE		3.3 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

CR2E034 (10/97)