

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

**FILED**  
**Jan 29 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K39376 (4)**

1. Corporation Name  
**EXTRUFIX, INC.**



Principal Place of Business 4125 L. B. MCLEOD RD. 4542 L.B. MCLEOD RD.. SUITE E ORLANDO FL 32811 US	Mailing Address 4125 L. B. MCLEOD RD. 4542 L.B. MCLEOD RD.. SUITE E ORLANDO FL 32811 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7635 ASHLEY PARK COURT Suite, Apt. #, etc. 22 SUITES F & G City & State 23 ORLANDO FLORIDA Zip 24 32835 Country 25 USA	2a. Mailing Address 26 2457 A HIAWASSEE RD. Suite, Apt. #, etc. 27 SUITE 147 City & State 28 ORLANDO FLORIDA Zip 29 32835-6347 Country 30 USA
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3. Date Incorporated or Qualified 10/18/1988	4. FEI Number 56-1223768	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

MCNERNEY, FRANK B.  
 4125 L. B. MCLEOD RD.  
 SUITE E  
 ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name OONAGH McNERNEY  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 2457 A HIAWASSEE ROAD SUITE  
 83 SUITE 147  
 84 City ORLANDO FL 85 Zip Code 32835

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 [Signature] DATE Jan 21/98

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCNERNEY, FRANK B.	
STREET ADDRESS	4125 L. B. MCLEOD RD.	
CITY - ST - ZIP	ORLANDO FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MCNERNEY, OONAGH	
STREET ADDRESS	4125 L.B. MCLEOD RD.	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: [Signature] DATE: Jan 21/98

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CR2E034 (10/97)