**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 16 1998 8:00am **PROFIT** LUORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # K57211 (0) W.M. SANDERLIN & ASSOCIATES, INC. Principal Place of Business Mailing Address 3210 DADE AVE 3210 DADE AVE ORLANDO FL 32804 ORLANDO FL 32904 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/09/1989 2, Principal Place of Business 2a. Mailing Address Applied For 59-2927109 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & Stale City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation owes or has paid the current year intangible 24 25 29 Personal Property Tax due June 30. Yes □ No 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SANDERUN, W. M. 3210 DADE AVE **B**2 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32804 83 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 [NOTE Registered Agen) signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 1.1 TITLE SANDERLIN, W.M. NAME 1.2 NAME 3215 GREENS AVENUE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE SANDERLIN, JACQUELINE NAME 2.2 NAME 3215 GREENS AVE STREET ADORESS 2.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 2 4 CITY-ST-ZIP Addition TITLE PELETE 3.1 THLE Change ROUHIER, CRAIG F. NAME 3.2 NAME 405 CINNAMON OAK COURT STREET ADORESS 3 3 STREET ADDRESS LAKE MARY FL CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE Perper, Marilyn W. 115 Spring Isle Tr. JONES, LORI P 4. 2 NAME **825 YATES STREET** 4.3 STREET ADDRESS STREET ADDRESS Alta. Spgs, FL ORLANDO FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 51 TITLE SANDERLIN, JOANNE 52 NAME NAME 3210 DADE AVE 5.3 STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP 5 4 CITY-ST-ZIP

SIGNATURE:

SQUILLANTE, JUDY

3210 DADE AVE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP 14. I hereby

I hereby certify that the information supplied with this filling 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 mustre 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.

DELETE

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

2/5/98 407-893-6460

Change

Addition

V, Asst.Sec.

Squillante, Judy

3210 Dade Ave.