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

STREET ADORESS

SIGNATURE:

COY-ST-ZIP

PROFIT Apr 07 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # K61687 (5)ATWOOD ASSOCIATES, INC. Principal Place of Business Mailing Address % ROBERT B. BLANC % ROBERT B. BLANC 3155 RYE RD 3155 RYE RD DO NOT WRITE IN THIS SPACE PARRISH FL 34219 PARRISH FL 34219 3. Date Incorporated or Qualified <u>01/18/1989</u> 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 65-0084733 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Ζip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BLANC, ROBERT B. 3155 RYE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PARRISH FL 34219 83 City 84 Zip Code 85 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, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PSD DELETE 1.1 TITLE Change Addition TITLE NAME BLANC, ROBERT B 1.2 NAME CR2E034 4988 RYE ROAD 1.3 STREET ADDRESS STREET ADDRESS PARRISH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME BLANC, SUSAN 2.2 NAME STREET ADDRESS 4988 RYE ROAD 2 3 STREET ADDRESS PARRISH FL CITY-ST-ZIP 2. 4 CITY - ST - 7/P DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change ■ Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME

6.3 STREET ADDRESS

14. 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 eath; 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 it changed, or on an attachment with an address.

FILED