

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

FILED
Mar 26 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 # K69456 (7)
1. Corporation Name
SPRING HILL CRUISERS, INC.

Principal Place of Business
P O BOX 5443
SPRING HILL FL 34606

Mailing Address
P O BOX 5443
SPRING HILL FL 34606



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/20/1989	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2931585		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		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 WIL NICKERSON 11784 LAKEWOOD DR. HUDSON FL 34669		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 *W. Nickerson* DATE 3/21/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	P
NAME	WIL NICKERSON	1.2 NAME	HEAR SAUER
STREET ADDRESS	11784 LAKEWOOD DR.	1.3 STREET ADDRESS	8788 HIGHPOINT
CITY-ST-ZIP	HUDSON FL	1.4 CITY-ST-ZIP	BROOKSVILLE, FL 34613
TITLE	P	2.1 TITLE	VP
NAME	HENDERICKSON, JOSEPHINE	2.2 NAME	HAL LOHRMAN
STREET ADDRESS	2171 ARMADILLO AVENUE	2.3 STREET ADDRESS	10115 HAYWARD RD
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE	T	3.1 TITLE	S
NAME	GARIEPY, WILLIAM	3.2 NAME	WIL NICKERSON
STREET ADDRESS	11452 SUNSHINE GROVE RD	3.3 STREET ADDRESS	11784 LAKEWOOD DR
CITY-ST-ZIP	BROOKSVILLE FL	3.4 CITY-ST-ZIP	HUDSON, FL 34669
TITLE	S	4.1 TITLE	T
NAME	WOLFE, DENISE	4.2 NAME	FRANK PODER
STREET ADDRESS	16201 PINE RIDGE DRIVE	4.3 STREET ADDRESS	7369 PHILATELIC DR
CITY-ST-ZIP	HUDSON FL	4.4 CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE: *Frank Poder* FRANK PODER x 3-17-98 (352) 686-6298

CR2E034 (10/97)