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

PROFIT HLED FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 98 OCT 26 AM 10: 26 DIVISION OF CORPORATIONS 1998 DOCUMENT # SECRETARY OF STATE TALLAHASSUE, FLORIDA (0) FOSTORIA INVESTMENTS, INC. Principal Place of Business Mailing Address % PAUL H. FREEMAN % PAUL H. FREEMAN 9100 S. DADELAND-BLVD.: 1400 DATRAN CENTER 9100 S. DADELAND BLVD., 1406 DATRAN-GENTER MIAML EL 23156-7817-MIAMI EL 33156-7817 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/13/1989 2a. Mailing Address 4. FEI Number Applied For 1001 59-2138522 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 313 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FREEMAN, PAUL H. 81 Name 1406 DATRAN CENTER of Acceptable) 9100-S. DADELAND BLVD. 83 -MIAMI FL 33156 84 Zip Code 2 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 Statute of State of Statutes.

1. 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. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE. Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change TITLE \_\_\_ DELETE 1.1 TITLE FREEMAN, PAUL H. NAME 1.2 NAME 9100-S. DADELAND BLVD STREET ADDRESS 1.3 STREET ADDRESS MIAMIFE CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change \_\_\_ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change \_\_\_ Addition NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE TITLE. 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP 61 TITLE TITLE DELETE SINGLES SINGLES HE Shange -04/30/98=-01007--001

6.2 NAME ;

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 antiqual 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 of rustee emperated 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.

WIRED

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

\*\*\*450\_00\_

[77 33/*]* 

NAME STREET ADDRESS

CITY - ST - ZIP

SIGNATURE: