

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 24 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 # K74410 (7)

1. Corporation Name
RUTTLE GRAPHICS, INC.



Principal Place of Business 4525 VINELAND ROAD, SUITE 209 ORLANDO FL 32811	Mailing Address 4525 VINELAND ROAD, SUITE 209 ORLANDO FL 32811
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 03/22/1989	
4. FEI Number 58-1837398	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

O'DAIR, WILLIAM J.
 13310 ST. TROPEZ CIRCLE
 PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name **William W. Fernandez**

82 Street Address (P.O. Box Number is Not Acceptable)
250 Panama Road East

83

84 **Winter Springs** FL 85 Zip Code **32708-3516**

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 *William W. Fernandez* DATE **Sept 17th, 1998**

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BREDER, W. DONALD	
STREET ADDRESS	270 COMMERCE DRIVE	
CITY-ST-ZIP	FT. WASHINGTON PA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	NESBITT, HARRY J., JR.	
STREET ADDRESS	270 COMMERCE DRIVE	
CITY-ST-ZIP	FT. WASHINGTON PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NESBITT, MARION	
STREET ADDRESS	270 COMMERCE DRIVE	
CITY-ST-ZIP	FT. WASHINGTON PA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BREDER, MARJORIE C.	
STREET ADDRESS	270 COMMERCE DRIVE	
CITY-ST-ZIP	FT. WASHINGTON PA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BLAND, BARBARA J.	
STREET ADDRESS	270 COMMERCE DRIVE	
CITY-ST-ZIP	FT. WASHINGTON PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HURREY, PETER L	
STREET ADDRESS	4525 VINELAND RD STE 209	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Breder, W. Donald	
1.3 STREET ADDRESS	270 Commerce Drive	
1.4 CITY-ST-ZIP	Ft. Washington PA	
2.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Nesbitt, Harry J., Jr.	
2.3 STREET ADDRESS	270 Commerce Drive	
2.4 CITY-ST-ZIP	Ft. Washington PA	
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, on an attachment with an address.

SIGNATURE: *William W. Fernandez* SIGNATURE REQUIRED 9/17/98 407-872-1297

CR2E034 (5/98)