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

FILED Feb 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L34268 **ULTIMATE DESIGN CONCEPTS, INC.** Principal Place of Business Mailing Address STEVEN D. YOUNG % STEVEN D. YOUNG 815 WHITTINGHAM CT **915 WHITTINGHAM CT** DO NOT WRITE IN THIS SPACE LAKE MARY FL 32746 LAKE MARY FL 32746 3. Date Incorporated or Qualified 12/01/1989 2. Principal Place of Business 2a. Mailing Address Applied For 59-2979420 Not Applicable 21 26 Suite Apt #, etc. \$8.75 Additional Suite. Apt. #. etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6, Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible Zip Personal Property Tax due June 30. Yes 24 30 25 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name YOUNG, STEVEN D. 815 WHITTINGHAM CT Street Address (P.O. Box Number is Not Acceptable) LAKE MARY FL 32746 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Andition DELETE 1.1 TITLE Channe TITLE YOUNG, STEVEN D. NAME 815 WHITTINGHAM CT 1.3 STREET ADDRESS STREET ADDRESS LAKE MARY FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2 1 TITLE TITLE NAME BASS, JOHN F. 2.2 NAME STREET ADDRESS 1947 WATER LANE 2.3 STREET ADDRESS MATTLAND FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CiTY - ST - ZiP DELETE Change Addition 4.1 TOLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 62 NAME NAME

63 STREET ADDRESS

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information fit is flue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an one employment of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information indicated on this annual report of