
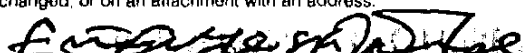


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L57779 (5)</b> 1. Corporation Name <b>ODAMSON ENTERPRISES, INC.</b>					
Principal Place of Business <b>3407-A NE 36TH AVE. OCALA SELF STORAGE, UNIT 41 OCALA FL 34478 US</b>			Mailing Address <b>5420-C SE 28TH LN C OCALA FL 34471 US</b>		
2. Principal Place of Business		2a. Mailing Address			
21 Suite, Apt. #, etc.		26 <b>2962 LANDTREE PL</b>			
22 City & State		27 <b>ORLANDO, FL</b>			
23 Zip		28 <b>32812</b>			
24 Country		29 <b>ORANGE</b>			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
AYESU, ERNEST 5420-C SE 28TH LN OCALA FL 34471			81 Name <b>AYESU, ERNEST</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2962 LANDTREE PLACE</b> 83 84 City <b>ORLANDO</b> FL 85 Zip Code <b>32812</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD <b>AYESU, ERNEST</b> <input checked="" type="checkbox"/> DELETE				
NAME	<b>AYESU, ERNEST</b>				
STREET ADDRESS	<b>5420-C SE 28TH LN</b>				
CITY-ST-ZIP	<b>OCALA FL</b>				
TITLE	PD <b>AYESU, ERNEST</b> <input type="checkbox"/> DELETE				
NAME	<b>AYESU, ERNEST</b>				
STREET ADDRESS	<b>2962 LANDTREE PL</b>				
CITY-ST-ZIP	<b>ORLANDO, FL</b>				
TITLE	<b>32812</b> <input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
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, or on an attachment with an address.					
SIGNATURE:  4/27/98					



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/16/1990</b>	
4. FEI Number <b>59-3000506</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	
81 Name <b>AYESU, ERNEST</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>2962 LANDTREE PLACE</b>	
83	
84 City <b>ORLANDO</b> FL	85 Zip Code <b>32812</b>

CR2E034 (10/97)