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).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

INDEPENDENT BANKER'S BANK OF FLORIDA

PO Box 4998

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

Principal Place of Business

109 E. CHURCH ST., SUITE BB ORLANDO FL 32801

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

22

23

24

Zip

[#] L67949

Country

(2)

109 E. CHURCH ST., SUITE BB ORLANDO FL 32801

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

32802-4**9**98

26

27

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AUDIT SERVICES GROUP, INC.

INDEPENDENT BANKER'S BANK OF FLORIDA

FILED Oct 01 1998 8:00am Secretary of State

DO NOT WRIT	TE IN THIS \$ PACE
Date Incorporated or Qualified	
) 4/25/199 0	
FEI Number	Applied For

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

(407)423-2002

3.

59-3009560

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

8. Name and Address of Current Registered Agent					iv. Maine and wordess of New Kegisterer	h Whattr	
HICKS, RIC HARD A. 109 EAST CHURCH ST.			81	Name			
			82	Street Address (P.O. Box Number is Not Acceptable)			
STE, 33			83	 -			
UKL	ANDO FL 32801		"				
			B4	City	F	85 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. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.							
SIGNATURE Signature, typed or printed name of registered agent and title if epplicable (NOTE: Registered Agent signature required when reinstating) DATE							
			13.				
TITLE	0	DELETE	1.1 TITLE			Change Addition	
NAME	HICKS, RICHARD A.		1.2 NAME				
STREET ADDRESS	109 E. CHURCH ST., SUITE BB		1.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-S1	·ZIP		<u>. </u>	
TITLE	DP	DELETE	2.1 TITLE			Change Addition	
NAME	WULBERN, JOHN C.		2.2 NAME				
STREET ADDRESS	109 E CHURCH ST SUITE BB		2.3 STREET	ADDRESS		•	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-S1	-ZIP			
TITLE	D	X DELETE	3.1 TITLE		0/C	Change Addition	
NAME	MALLINI, G. THOMAS		3.2 NAME		Colado Guy D.		
STREET ADDRESS	2040 N.W. 67TH PL		3.3 STREET	ADDRESS	1201 South Orlando Avenue		
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-S1	-ZIP	Winter Park, FL 32789-7107		
TITLE	D	X DELETE	4.1 TITLE		D	Change X Addition	
NAME	Black, Edward H.		4.2 NAME		Roberts, J. Lamar		
STREET ADDRESS	16 740 San Carlos Boulevar	d, SouthWe	£ 3 STREET	ADDRESS	13315 Highway 301		
CITY-ST-ZIP	Fort Myers, FL 33908		4.4 CITY-ST	-ZIP	Dade City, FL 33525-5435		
TITLE	D	X DELETE	5.1 TITLE		D	Change X Addition	
NAME	McGee, John C.		5.2 NAME		Spiro, Cryil S.		
STREET ADDRESS	1 3 5 Perry Avenue		5.3 STREET	ADDRESS	2205 University Drive		
CITY-ST-ZIP	Fort Walton Beach, FL 325	48-5511	5.4 CITY-ST	-ZIP	Davie, FL 33329-1980		
TITLE	_	DELETE	6.1 TITLE		D	Change X Addition	
NAME			6.2 NAME		Smith, Jerry M.		
STREET ADDRESS	1		6.3 STREET	ADDRESS	15000 NW 140th Street		
CITY OT 7ID			C 4 CUTY CT	7(0	Alachus FI 32615		

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 one attachment with an address.

ard A. Hicks

Country