

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

**FILED**  
**Mar 25 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L77195 (0)**

1. Corporation Name  
**OCTEX CORPORATION**



Principal Place of Business <b>2202 INDUSTRIAL BLVD                  SARASOTA FL 34234                  US</b>	Mailing Address <del>200 S ORANGE AVE                  SARASOTA FL 34230                  US</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	<b>2202 Industrial Blvd.</b>	<b>06/01/1990</b>	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	
				<b>65-0216214</b>	
23. City & State		28. City & State		5. Certificate of Status Desired	
<b>Sarasota, FL</b>		<b>Sarasota, FL</b>		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24. Zip	25. Country	29. Zip	30. Country	6. Election Campaign Financing Trust Fund Contribution	
<b>34234</b>		<b>34234</b>	<b>USA</b>	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent				6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<b>LAMBRECHT, WILLIAM G. 200 S ORANGE AVE SARASOTA FL 34236</b>				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LAMBRECHT, WILLIAM G. 200 S ORANGE AVE SARASOTA FL 34236</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEAVER, SALLY</b>	1.2 NAME	
STREET ADDRESS	<b>1450 HARBOR SOUND DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEWIS, HARRY L.</b>	2.2 NAME	
STREET ADDRESS	<b>8247 MIDNIGHT PASS ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA, FL 34242</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DST</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEAVER, JOHN L.</b>	3.2 NAME	
STREET ADDRESS	<b>1450 HARBOR SOUND DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGBOAT KEY FL</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Sally L. Weaver* **Sally L. Weaver** **1-29-98**

CR2E034 (10/97)