FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Apr 23 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1)NUCLEUS, INC. Principal Place of Business Mailing Address 120 E. MARKS ST. 120 E. MARKS ST. SUITE 225 SUITE 225 DO NOT WRITE IN THIS SPACE ORLANDO FL 32803 ORLANDO FL 32803 3. Date Incorporated or Qualified 06/21/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3016974 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 23 Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name SAL. JR., HENRY 120 E. MARKS ST. Street Address (P.O. Box Number is Not Acceptable) 82 ORLANDO FL 32803

11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, 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 607.05.05, Florida Statutes.

83 84 City

SIGNATURE when reinstatiqu) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELFTE ☐ Change Addition THE 1 i Till F JOHNSON, GLEN 12 NAME NAME 8207 BELL MOUNTAIN DR. 13 STREET ADDRESS STREET ADDRESS **AUSTIN TX 78730** 14 CITY-ST-ZIP CITY - ST - ZIP DELFTE TITLE 2111116 SAL, JR., HENRY 2.2 NAME 120 E. MARKS ST. #225 STREET ADDRESS 23 STREET ADDRESS ORLANDO FL 32803 2 4 CITY - ST - ZIP CITY-ST-7IP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 34 CHY-ST-ZIP DELFTE Change Addition 4 1 TIBLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY - ST- ZIP CITY-ST-ZIP Addition DELETE 5 1 TITLE Change TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 City - ST- ZIP CITY - ST - ZIP Change Addition DELETE 6 1 7 (1 LF TITLE 6.2 NAME NAME STREET ADORESS CITY - ST - ZIP

 I hereby certify that the informatic indicated on this annual report of officer or director of the dorporali liling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information if report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an trusted empowered to execute this report as required by Chapter 607, florid≱ Statutes; and that my name appears in

11/198

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Zip Code

85

Not Applicable