


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

FILED

Apr 28 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 # L91402 (2)**  
1. Corporation Name  
**NIYO, INC.**

Principal Place of Business <b>2124 N. CRYSTAL LAKE DR. LAKELAND FL 33801 US</b>	Mailing Address <b>4703 KIMBALL CT., W. LAKELAND FL 33813 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>08/07/1990</b>	4. FEI Number <b>59-3025590</b>	Applied For <input type="checkbox"/> Not Applicable
24		25		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
24		25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
24		25		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		

g. Name and Address of Current Registered Agent <b>PATEL NAVINBHAI U 3520 CLEVELAND HTS BLVD APT 113 MARTINS LANDINGS APT #113 LAKELAND FL 33803</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	NAME	PATEL, NAVINBHAI U	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	4703 KIMBALL CT., W.	1.2 NAME			
CITY-ST-ZIP		STREET ADDRESS	LAKELAND FL	1.3 STREET ADDRESS			
		CITY-ST-ZIP		1.4 CITY-ST-ZIP			
TITLE		NAME		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME		2.2 NAME			
CITY-ST-ZIP		STREET ADDRESS		2.3 STREET ADDRESS			
		CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE		NAME		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME		3.2 NAME			
CITY-ST-ZIP		STREET ADDRESS		3.3 STREET ADDRESS			
		CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE		NAME		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME		4.2 NAME			
CITY-ST-ZIP		STREET ADDRESS		4.3 STREET ADDRESS			
		CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE		NAME		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME		5.2 NAME			
CITY-ST-ZIP		STREET ADDRESS		5.3 STREET ADDRESS			
		CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE		NAME		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME		6.2 NAME			
CITY-ST-ZIP		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: *NAVINBHAI U. PATEL*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 41-16-98 41-665-0738

CR2E034 (10/97)