SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Aug 19 1998 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # N17880 (8)VOCAL, INC. Principal Place of Business Malling Address 1173 SUNLIGHT COURT 1173 SUNLIGHT COURT 3. Date incorporated or Qualified ST. CLOUD FL 34770 ST. CLOUD FL 34770 11/20/1986 4. FEI Number Applied For 59-2739414 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Sulte, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees City & State City & State 7. is this nonprofit corporation a homeowners association? __Yes __No 23 28 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No Zip Country Zip Country 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LEOPOLD, PEGGY 82 Street Address (P.O. Box Number is Not Acceptable) 1173 SUNLIGHT COURT 83 ST.CLOUD FL 34770 nd e 84 City Zip Code 11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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. In preby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE DELETE Change Addition Leopold, Peggy NAME 1.2 NAME 1173 SUNLIGHT COURT STREET ADDRESS 1.3 STREET ADDRESS ST. CLOUD FL 34770 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 21 T(T) F DELETE Change Addition **COOK, PATRICIA E** NAME 22 NAME 113 LEWIS DR. 2.3 STREET ADDRESS STREET ADDRESS PERRY FL 32347 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition LEOPOLD, BOB NAME 3.2 NAME 1169 SUN LIGHT COURT STREET ADDRESS 3.3 STREET ADDRESS ST. CLOUD FL 34770 CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE Change Addition DAY, WYNONA 4.2 NAME 413 63RD AVENUE W. STREET ADDRESS 4.3 STREET ADDRESS **BRADENTON FL 33509** CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE Change Addition HENJUM, RICK NAME 5.2 NAME 1203 N. 31 COURT STREET ADDRESS **6.3 STREET ADDRESS HOLLYWOOD FL 33201** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE Change Addition NAME STEELE, WILLIAM 6.2 NAME STREET ADDRESS 2828 CHUMLEIGH CIRCLE 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Daylima Phone #

TYPER OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR