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: $736.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # N96000004456 (7)

1. Corporation Name

FLORIDA ORGANIZATION REFORMED MARIJUANA LAWS, IN C.

Principal Place of Business	Mailing Address
3737 ALLEN ROAD ZEPHYRHILLS FL 33541	P. O. BOX 2061 ZEPHYRHILLS FL 33541-39

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 08/23/1996

4. FEI Number: 59-3400306 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? [ ] Yes [X] No

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

9. Name and Address of Current Registered Agent

PALMIERI, MICHAEL
3737 ALLEN ROAD
ZEPHYRHILLS FL 33541

10. Name and Address of New Registered Agent

81 Name: PALMIERI, Michael
82 Street Address (P.O. Box Number is Not Acceptable): 38233 Tucker Rd
83
84 City: Zephyrhills, FL 85 Zip Code: 33539
FL

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE: Michael Palmieri Mich Palm (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	[ ] DELETE	1.1 TITLE	D [X] Change [ ] Addition
NAME	PALMIERI		1.2 NAME	Palmieri
STREET ADDRESS	3737 ALLEN RD		1.3 STREET ADDRESS	38233 Tucker Rd
CITY-ST-ZIP	ZEPHYRHILLS FL		1.4 CITY-ST-ZIP	Zephyrhills, Fla 33539
TITLE	D	[ ] DELETE	2.1 TITLE	D [X] Change [ ] Addition
NAME	PLYMALE, NANCY C		2.2 NAME	Plymale, Nancy C.
STREET ADDRESS	3737 ALLEN RD		2.3 STREET ADDRESS	38233 Tucker Rd
CITY-ST-ZIP	ZEPHYRHILLS FL		2.4 CITY-ST-ZIP	Zephyrhills, Fla 33539
TITLE	D	[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME	LEISER, LINDA		3.2 NAME	
STREET ADDRESS	3911 REGINA ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME	TIMMONS, BRIAN		4.2 NAME	
STREET ADDRESS	P O BOX 72 N/A		4.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL		4.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (5/98)

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.

SIGNATURE: Michael Palmieri 9-29-98 MICHAEL PALMIERI 782-3164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #