


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90007 025 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000003458

1. Corporation Name

DOMINION INTERNATIONAL, INC.

Principal Place of Business

101 INDIGO DR.
DAYTONA BEACH FL 32114

Mailing Address

101 INDIGO DR.
DAYTONA BEACH FL 32114



2. Principal Place of Business 21 3978 VERSAILLES DRIVE Suite, Apt. #, etc. 22 City & State 23 ORLANDO, FL Zip 24 32808	2a. Mailing Address 26 3978 VERSAILLES DRIVE Suite, Apt. #, etc. 27 City & State 28 ORLANDO, FL Zip 29 32808	3. Date Incorporated or Qualified 06/12/1998 4. FEI Number 59-3517493 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

MANTON, THOMAS K
101 INDIGO DR.
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name
GEORGE HODGES
82 Street Address (P.O. Box Number is Not Acceptable)
250 SOUTH CR 427, SUITE 116
83
84 City
LONGWOOD
FL 85 Zip Code
32750

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

George Hodges
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/8/99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D, P, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANTON, THOMAS K IV	1.2 NAME	THOMAS K. MANTON IV
STREET ADDRESS	19-14 21ST ROAD	1.3 STREET ADDRESS	3978 VERSAILLES DRIVE
CITY-ST-ZIP	ASTORIA NY 11105	1.4 CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D, S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, JOSEPH E	2.2 NAME	TELVA THOMAS
STREET ADDRESS	55-43 66TH STREET	2.3 STREET ADDRESS	705 MILAN CT.
CITY-ST-ZIP	MASPETH NY 11369	2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATTOCKS, JILL	3.2 NAME	DAVID E. HANKS
STREET ADDRESS	3 NEW YORK PLAZA, 18TH FLOOR	3.3 STREET ADDRESS	2441 WOODWAY DRIVE
CITY-ST-ZIP	NEW YORK NY 10004	3.4 CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

Thomas K. Manton IV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/99

(407) 292-3799

Date

Daytime Phone #

CR2E037 (5/99)

N98000003458
615974-90007-25

HODGES FINANCIAL SERVICES
250 S. CR 427, SUITE 116
LONGWOOD, FL 32750-5466
(407) 830-6773
FAX (407) 830-5805

September 2, 1999

Florida Department of State
Division of Corporations
PO BOX 6327
Tallahassee, FL 32314


RE: Document # N98000003458
Dominion International, Inc.

Dear Sir;

Enclosed please find a check in the amount of \$61.25 to cover the annual fee for the above referenced Non-Profit Corporation.

If you need any further information, please contact the registered agent, George Hodges, at (407) 830-6773.

Sincerely yours,


George Hodges, EA