


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am  
Secretary of State

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1998  |  |  |   | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS   |  |
| DOCUMENT # P01209 (6)   |  |   |   |  |  |
| 1. Corporation Name<br>PEDAMORPHOSIS, INC.  |  |   |   |  |  |
| Principal Place of Business<br>13604 WATERFALL WAY<br>TAMPA FL 33624-6907<br>US   |  |   | Mailing Address<br>P.O. BOX 271669<br>TAMPA FL 33688-1669<br>US |  |  |
| 2. Principal Place of Business  |  | 2a. Mailing Address   |   | 3. Date Incorporated or Qualified<br>03/13/1984  |  |
| 21 Suite, Apt. #, etc.  |  | 26 Suite, Apt. #, etc.  |   | 4. FEI Number<br>75-1552572  |  |
| 22 City & State   |  | 27 City & State   |   | Applied For<br>Not Applicable  |  |
| 23 Zip  |  | 28 Zip  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |
| 24 Country  |  | 29 Country  |   | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees   |  |
| 9. Name and Address of Current Registered Agent<br>ORCUTT, GREG MR<br>ANDERSON AND ORCUTT, P.A.<br>401 EAST JACKSON STREET, SUITE 2400<br>TAMPA FL 33602  |  |   |   | 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                       |  |
| 10. Name and Address of New Registered Agent  |  |   |   | 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 |  |
| 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. |  |   |   | 81 Name  |  |
| SIGNATURE   |  |   |   | 82 Street Address (P.O. Box Number is Not Acceptable)  |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)   |  |   |   | 83   |  |
| DATE  |  |   |   | 84 City  |  |
| 12. OFFICERS AND DIRECTORS  |  |   |   | FL 85 Zip Code   |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |   |   |  |  |
| 1.1 TITLE   |  |   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 1.2 NAME  |  |   |   |  |  |
| 1.3 STREET ADDRESS  |  |   |   |  |  |
| 1.4 CITY-ST-ZIP   |  |   |   |  |  |
| 2.1 TITLE   |  |   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 2.2 NAME  |  |   |   |  |  |
| 2.3 STREET ADDRESS  |  |   |   |  |  |
| 2.4 CITY-ST-ZIP   |  |   |   |  |  |
| 3.1 TITLE   |  |   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 3.2 NAME  |  |   |   |  |  |
| 3.3 STREET ADDRESS  |  |   |   |  |  |
| 3.4 CITY-ST-ZIP   |  |   |   |  |  |
| 4.1 TITLE   |  |   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 4.2 NAME  |  |   |   |  |  |
| 4.3 STREET ADDRESS  |  |   |   |  |  |
| 4.4 CITY-ST-ZIP   |  |   |   |  |  |
| 5.1 TITLE   |  |   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 5.2 NAME  |  |   |   |  |  |
| 5.3 STREET ADDRESS  |  |   |   |  |  |
| 5.4 CITY-ST-ZIP   |  |   |   |  |  |
| 6.1 TITLE   |  |   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 6.2 NAME  |  |   |   |  |  |
| 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.

SIGNATURE:

SIGNATURE REQUIRED

*[Signature]* 1/12/98 8139633 899

CR2E037 (10/97)