

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

FILED  
Feb 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P30999**

(7)

1. Corporation Name  
**TASNET, INC.**



Principal Place of Business  
**5271 - 102ND AVENUE NORTH  
PINELLAS PARK FL 33782  
US**

Mailing Address  
**5271 - 102ND AVENUE NORTH  
PINELLAS PARK FL 34686**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/18/1990</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>04-2903611</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Zip	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	
25	Country	30	Country		

9. Name and Address of Current Registered Agent <b>RUPPEL, DENNIS G 5271 - 102ND AVENUE NORTH PINELLAS PARK FL 33782</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

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	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RUPPEL, GEORGE			1.2 NAME	Steven Baker		
STREET ADDRESS	5201 - 102ND AVENUE NORTH			1.3 STREET ADDRESS	5271 102nd Avenue North		
CITY - ST - ZIP	PINELLAS PARK FL 34686			1.4 CITY - ST - ZIP	Pinellas Park, FL 33782		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RUPPEL, DENNIS G			2.2 NAME	Vincent Lamb, Jr.		
STREET ADDRESS	5201 - 102ND AVENUE NORTH			2.3 STREET ADDRESS	100 Rialto Place, #527		
CITY - ST - ZIP	PINELLAS PARK FL 34686			2.4 CITY - ST - ZIP	Melbourne, FL 32901		
TITLE	VSTD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREGORY, PAUL			3.2 NAME			
STREET ADDRESS	5271-102ND AVE NORTH			3.3 STREET ADDRESS			
CITY - ST - ZIP	PINELLAS PARK FL			3.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURTON, DON			4.2 NAME			
STREET ADDRESS	614 WES TBAY ST STE 200			4.3 STREET ADDRESS			
CITY - ST - ZIP	TAMPA FL			4.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROGGEMANN, DANIEL			5.2 NAME			
STREET ADDRESS	567 SILVER TIP DRIVE			5.3 STREET ADDRESS			
CITY - ST - ZIP	INCLINE VILLAGE NV			5.4 CITY - ST - ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREGORY, PETER			6.2 NAME			
STREET ADDRESS	10312 PARADISE BLVD.			6.3 STREET ADDRESS			
CITY - ST - ZIP	TREASURE ISLAND FL 33706			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:

Paul Gregory

2/11/98

813-544-1555

CR2E034 (10/97)