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

PROFIT CORPORATION ANNUAL REPORT.

1998

STREET ADDRESS

STREET ADDRESS

CITY - ST- 712

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 02 1998 8:00am

Secretary of State

Change

1/2/00

Addition

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000003270 (5)

GANDALF FINANCE, INC.

Principal Place of Business Mailing Address 2269 SOUTH RIDGEWOOD AVE 6 LAZY EIGHT DRIVE SOUTH DAYTONA FL 32119 DAYTONA BEACH FL 32124 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/10/1992 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 26 59-3150446 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CORPORATION INFORMATION SERVICES INC. 81 プロトN 1201 HAYS ST. Street Address (P.O. Box Number is Not Acceptable) 82 TALLAHASSEE FL 32301 83 84 BGACH 70 N A Pursuant to the provisions of Sections 697 050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered hange was authorized by the corporation's board of directors. I hereby accept the appointment as registered 607.0505, Elorida Statutes. SIGNATURE (NO1E: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE **Addition** 1.1 TITLE Change COOPER, JOHN C NAME 1.2 NAME **6 LAZY EIGHT DRIVE** STREET ADDRESS 1.3 STREET ADDRESS DAYTONA BEACH FL BGACK 32124 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE 2.1 TiTL€ Change ___ Addition JEPHENE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHTY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE FITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME

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 processor truetes appeared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the received Block 12 or Block 13 if changed, or on an attack

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

DELETE