

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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P92000013877 (5)

1. Corporation Name  
XTC SUPERCENTER, INC.



Principal Place of Business: 4829 N LOIS SUITE 1A CLEARWATER FL US  
Mailing Address: 100 - 2ND AVENUE S. SUITE 704 ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

|                                |  |                         |                        |   |  |
|--------------------------------|--|-------------------------|------------------------|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address     |                        | 3. Date Incorporated or Qualified   |  |
| 21                             |  | 26                      | % CPA 2727 Ulmerton Rd | 12/23/1992  |  |
| 22. Suite, Apt. #, etc.        |  | 27. Suite, Apt. #, etc. |                        | 4. FEI Number   |  |
| 23. City & State               |  | 28. City & State        |                        | 59-3163358  |  |
| 24. Zip                        |  | 29. Zip                 |                        | Applied For   |  |
| Country                        |  | Country                 |                        | Not Applicable  |  |
| 30. Country                    |  | 30. Country             |                        | 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  |  |
|                                |  |                         |                        | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. |  |
|                                |  |                         |                        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                 |  |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent                               |  |  |  | 10. Name and Address of New Registered Agent  |  |  |  |
| GIBBS, B. GRAY<br>100 SECOND AVENUE S.<br>SUITE 704<br>ST PETERSBURG FL 33701 |  |  |  | 81. Name<br>DEAN TYLER  |  |  |  |
|   |  |  |  | 82. Street Address (P.O. Box Number is Not Acceptable)<br>310 COFFEE POT RIVIERA, N.E |  |  |  |
|   |  |  |  | 83.   |  |  |  |
|   |  |  |  | 84. City<br>ST. PETERSBURG FL   |  |  |  |
|   |  |  |  | 85. Zip Code<br>33701   |  |  |  |

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: *Dean Tyler* DATE: 4/28/98

|                            |                            |                                 |  |   |  |  |  |
|----------------------------|----------------------------|---------------------------------|--|---|--|--|--|
| 12. OFFICERS AND DIRECTORS |                            |                                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |  |  |
| TITLE                      | PSTD                       | <input type="checkbox"/> DELETE |  | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | TYLER, DEAN                |                                 |  | 1.2 NAME  |  |  |  |
| STREET ADDRESS             | 3100 COFFEE POT RIVIERA NE |                                 |  | 1.3 STREET ADDRESS                                    | 310 COFFEE POT RIVIERA, N.E  |  |  |
| CITY-ST-ZIP                | ST PETERSBURG FL 33701     |                                 |  | 1.4 CITY-ST-ZIP                                       |  |  |  |
| TITLE                      |                            | <input type="checkbox"/> DELETE |  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       |                            |                                 |  | 2.2 NAME  |  |  |  |
| STREET ADDRESS             |                            |                                 |  | 2.3 STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP                |                            |                                 |  | 2.4 CITY-ST-ZIP                                       |  |  |  |
| TITLE                      |                            | <input type="checkbox"/> DELETE |  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       |                            |                                 |  | 3.2 NAME  |  |  |  |
| STREET ADDRESS             |                            |                                 |  | 3.3 STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP                |                            |                                 |  | 3.4 CITY-ST-ZIP                                       |  |  |  |
| 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dean Tyler* DATE: 4/28/98

CR2E034 (10/97)