

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

FILED

Feb 17 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 # P93000013005 (2)
1. Corporation Name
1-800-TAKE-OFF, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
11300 US HIGHWAY ONE
STE 400
NO PALM BEACH FL 33408-296
US

Mailing Address
11300 US HIGHWAY ONE
STE 400
NO PALM BEACH FL 33408-296
US

2. Principal Place of Business
21 P.O. Box 33268
22 Suite, Apt. #, etc.
23 City & State
24 Zip 33420 Country USA

No OFFICE

3. Date Incorporated or Qualified
02/19/1993

4. FEI Number
59-3168076

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Added to Fees

7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
ROBERTS, GARY W
250 AUSTRALIAN AVE. SOUTH
12TH FLOOR
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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: *Gary W Roberts* DATE: 2/11/98

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: ROBERTS, CRAIG H
STREET ADDRESS: 2720 BIARRITZ DRIVE
CITY-ST-ZIP: PALM BEACH GARDENS FL 33410

TITLE: DELETE

TITLE: DELETE

TITLE: DELETE

TITLE: DELETE

TITLE: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Gary W Roberts* DATE: 2/11/98

CR2E034 (10/97)