

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

FILED
Jun 25 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 # P93000014827 (8)

1. Corporation Name:
EXECUCON, INC.



Principal Place of Business:
8347 CORAL LAKE MANOR
CORAL SPRINGS FL 33065

Mailing Address:
8347 CORAL LAKE MANOR
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:

21 2401 WHIRLWAY CT.

Suite, Apt. #, etc.

22

City & State

23 MATTHEWS, NC

Zip

24 28105

Country

25 NORTHERN VIRGINIA

2a. Mailing Address:

26 2401 WHIRLWAY CT.

Suite, Apt. #, etc.

27

City & State

28 MATTHEWS, NC

Zip

29 28105

Country

30 NORTHERN VIRGINIA

3. Date Incorporated or Qualified

02/19/1993

4. FLEI Number

65-0390108

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. 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

TURNER, ROBERT A
8347 CORAL LAKE MANOR
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name JON BOLLIER
82 Street Address (P.O. Box Number is Not Acceptable)
1500 UNIVERSITY DR
83 SUITE 208
84 City CORAL SPRINGS, FL 85 Zip Code 33071

11. Pursuant to the provisions of Sections 607.0602 and 607.1503, 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 I accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE: *Jon Bollier*
Signature (Agent, Director, or Officer, if applicable)

(None - Registered Agent signature, required when recording)

DATE: 6/23/98

12. OFFICERS AND DIRECTORS

TITLE: P
NAME: TURNER, ROBERT A
STREET ADDRESS: 8347 CORAL LAKE MANOR
CITY-ST-ZIP: CORAL SPRINGS FL

DELETE

TITLE: DELETE
NAME:

TITLE: DELETE
NAME:

TITLE: DELETE
NAME:

TITLE: DELETE
NAME:

TITLE: DELETE
NAME:

TITLE: DELETE
NAME:

TITLE: DELETE
NAME:

TITLE: DELETE
NAME:

TITLE: DELETE
NAME:

TITLE: DELETE
NAME:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS 2401 WHIRLWAY CT

14 CITY-ST-ZIP MATTHEWS, NC 28105 Change Addition

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

000002572255
06/26/98 10:03 AM
***10.00

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 registered or transferor 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, on an attachment with this address.

CR2E034 (10/97)