

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000027314 (2)
 1. Corporation Name
710 CORP.



Principal Place of Business 706 W UNIVERSITY AVENUE GAINESVILLE FL 32601	Mailing Address 706 W UNIVERSITY AVENUE GAINESVILLE FL 32601
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/12/1993	
21	26	4. FEI Number 59-3214985		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 City & State		28 City & State		7. 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	
24 Zip	25 Country	29 Zip	30 Country		

9. Name and Address of Current Registered Agent SOLOMON, STEVEN D 706 W UNIVERSITY AVENUE GAINESVILLE FL 32601				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 607.002 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 *Steven D Solomon Sec Treasurer* DATE **4/27/98**
Signature, type or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, STEVEN D	12 NAME	
STREET ADDRESS	706 W UNIVERSITY AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32601	14 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	21 TITLE	Kevin Curtin is <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIN, KEVIN	22 NAME	no longer with company
STREET ADDRESS	110 N.W. 7TH TERRACE APT. #2	23 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	24 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, MARK	32 NAME	
STREET ADDRESS	3214 N.W. 51 PLACE	33 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, SANDY	42 NAME	
STREET ADDRESS	5608 NW 99TH TERR	43 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 attachment with an address.

SIGNATURE: *Steven D Solomon Sec Treasurer* DATE **4/27/98** **352-378-2001**

CR2E034 (10/97)