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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000054698 (4) DOCUMENT #

BOONCHUN SWEENEY INC.

Principal Place of Business Mailing Address 200 BEACHVIEW DR., NE 280 BEACHVIEW DR., NE FT. WALTON BEACH FL 32547 FT. WALTON BEACH FL 32547

FILED Mar 19 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/02/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3193541 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt #, etc. 5. Certificate of Status Desired Fee Regulred 22 City & State \$5.00 May Be City & Stato 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 26 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Namo SWEENEY, BOONCHUN 280 BEACHVIEW DR., NE Street Address (P.O. Box Number is Not Acceptable) FT. WALTON BEACH FL 32547 City Zip Code 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 Signature, typed or profed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE TITLE 11 TIFLE **BOONCHUN, SWEENEY** NAME 1.2 NAME 280 BEACHVIEW DR., NE 1.3 STREET ADDRESS STREET ADDRESS FT. WALTON BEACH FL 32547 1.4 CITY-S1-ZIP CITY-ST-ZIP Change ___ Addition DELETE 2 1 Till F TITLE WOODLAND, RICH NAME 2.2 NAME 280 BEACHVIEW DR NE STREET ADDRESS 2.3 STREET ADDRESS FT WALTON BEACH FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE MORELLI, JAMES 3.2 NAME NAME 280 BEACHVIEW DR., NE 3 3 STREET ADDRESS STREET ADDRESS FT WALTON BEACH FL CITY-ST-ZIP 3 4. CITY - ST - 2IP Change □ Addition DELETE 4.1 TITLE TITE F ECKERT, JEFFERY 4. 2 NAME NAME 280 BEACHVIEW DR. N.E. 4.3 STREET ADDRESS STREET ADDRESS FT. WALTON BCH FL 4.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 61 THLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6.4 C(TY-ST-Z)P CITY-ST-ZIP

14. Thereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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:

Surener 3/15/98 (850)604-0823