SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998

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TITLE

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000086596 (2)

B. W. ANDERSEN & ASSOCIATES, INC.

Principal Place of Business Mailing Address 3558 N. HARBOR CITY BLVD. 3558 N. HARBOR CITY BLVD. **UNIT 3 4** UNIT 3 4 MELBOURNE FL 32935 MELBOURNE FL 32935 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified <u>12/16/1993</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-3298809 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name andersen, Brian 114 ISLAND VIEW DR Street Address (P.O. Box Number is Not Acceptable) INDIAN HARBOR BEACH FL 32937 83 City Zip Code 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Fiorida 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 Fiorida. 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, Fiorida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE DELETE Change Addition ANDERSEN, BRIAN NAME 1.2 NAME 114 ISLAND VIEW DR STREET ADDRESS 1.3 STREET ADDRESS INDIAN HARBOR BEACH FL C/TY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE DELETE Change __ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP

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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 suppliemental 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 chapted, or on an attachment with an address.

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

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Jul 23 1998 8:00am

Secretary of State