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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P94000009658 (3)

AMOTALL, INC.

Principal Place of Business Mailing Address 232 QUAY ASSISI 232 QUAY ASSISI NEW SMYRNA BEACH FL 32169 NEW SMYRNA BEACH FL 32169 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/31/1994 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3229343 21 26 Not Applicable Suite, Apt. #, etc. Suite Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Zip Country Zip a. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROSS, WILLIAM L JR. 221 NORTH CAUSEWAY 82 Street Address (P.O. Box Number is Not Acceptable) **NEW SMYRNA BEACH FL** 83 84 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change 1.1 TITLE TALLANT, ROBERT E JR NAME 1.2 NAME 232 QUAY ASSISI STREET ADDRESS 1.3 STREET ADDRESS **NEW SMYRNA BEACH FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE TALLANT, SUE C NAME 2.2 NAME 232 QUAY ASSISI STREET ADDRESS 2.3 STREET ADDRESS NEW SMYRNA BEACH FL CITY-\$1-ZIP 2. 4 CITY - ST - ZIP DELETE Channe Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Addition TITLE 4.1 TITLE Change 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE

14. Thereby certify that the information supplied with this filling 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 an attachment with an address.

SIGNATURE:

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

Robert E. Tollout E. 4.79.98

NAME

STREET ADDRESS

FILED

May 06 1998 8:00am

Secretary of State