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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Secretary of State 1998 DOCUMENT # P94000041977 (7) VIDMAR, INC. Principal Place of Business Mailing Address 3194 OAKPARK DR. PO BOX 527 LAKELAND FL 33803 LAKELAND FL 33802 DO NOT WRITE IN THIS SPACE 3. Date Iricorporated or Qualified 06/03/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3247808 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5, Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year intangible 24 30 Personal Property Tax due June 30. Yes 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name MARLOW, MARK 3194 OAKPARK DR. Street Address (P.O. Box Number is Not Acceptable) 82 LAKELAND FL 33803 83 84 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 registrared agent and title if applicable (NOTE: Registered Agen) signature required when reinstating OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 12. DELETE TITLE 1.1 TITLE Change Addition MARLOW, MARK 1.2 NAME NAME 3194 OAKPARK DR. STREET ADDRESS 1.3 STREET ADDRESS LAKELAND FL 33803 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 61 TITLE Addition TITLE MAME 62 NAME

14. Thereby 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 repower of 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, byton an algorithment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

1

3/23/48

FILED

Mar 30 1998 8:00am