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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000042957 (8)

Principal Plac	EX GROUP CORP.	Mailing Address						
10810 72ND 3	ST-MORTH #206	6026 1ST AVE. SOUTH						
LARGO FL 34647 #3 ST. PEFERSBURG FL 33707)7		DO NOT WRITE IN THIS SPACE			
				3. Date	Incorporated or Qualified			
L				06/0	06/1994			
	lace of Business	2a. Mailing Address		4. FEI N			Ar	pplied For
	14 445+ N		14 St L	59	-3287548			ol Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 22				5. Certifi	icate of Status Desired		•	Additional equired
City & State	ellas Park.	PARK F	I	on Campaign Financing Fund Contribution		•	May Be to Fees	
Zip	Country		Country	B. This c	corporation owes or has p	aid the cur	rent year Int	tangible
24 33	781 25 USA		30 US		nal Property Tax due Jur			⊴ No
9, Name and Address of Current Registered Agent 81 Name					10. Name and Address of New Registered Agent			
BZOCH, JAN				JAU	B≥00	H		
	810 72ND ST. NORTH, #206	82 Street 74.5	Idress (P.O. Bo	Number is Not Accepte	able)			
	RGO FL 34847		83	120	JAVE			
			24		····	-	14-11-2	
			B4 City	FASU	RE ISLAN	D FL	185 33	186
11. Pursuant	to the provisions of S ections 607.050 egistered agent, or both, in the Stato m familiar with, and accept the obliga	2 and 607.1508, Florida Statute	s, the above-named	orporation subn	nits this statement for the	purpose of	changing it	ts registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flor	rida Statutes.	allori's Doard C	A directors, Thereby acc	shrine app	JII KITICIK AS	10gistored
SIGNATURE	- Come	2007						
Signature, typed of puriod name of registered agent and title if applicable. (NOTE: Re 12. OFFICERS AND DIRECTORS			Registered Agont signature 13.		^{ng)} IONS/CHANGES TO OFF	DATE ICERS AND	DIRECTOR	25 INI 12
TITLE	PRES	DELETE	1.1 TITLE	PRES	ONS/CHANGES TO OFF	IOCHS AND	Change	Addition
NAME	JAN BZOCH	•	1.2 NAME	TALL B	ZOCH			
STREET ADDRESS	5217 8TH AVENUE S		1.3 STREET ADDRESS	745	123 M AVE			
CITY-ST-ZIP	GULF PORT FL		1.4 CITY - ST - ZIP	TREAS	URE ISLAN	D FL	- 33"	706
THILE		☐ DELETE	2.1 TITLE				Change	Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		• •			
TITLE		☐ DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE				Change	Addition
NAME		- DELCT	4.1 HITE 4.2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY - ST - ZIP					
TITLE		DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY+ST-ZIP			5.4 CITY - ST - ZIP					
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					

14. 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 an attachment with an address.

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CITY-ST-ZIP

FILED Jan 20 1998 8:00am Secretary of State