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 # P94000058928 (0)

FILED
May 14 1998 8:00am
Secretary of State

MAMMOTH MEMORY, INC. Principal Place of Business Mailing Address C/O D. MICHAEL POINTER: 11 2550 118TH AVENUE NORTH ST. PETERSBURG FL 33716 C/O D. MICHAEL POINTER, II 2550 118TH AVENUE NORTH DO NOT WRITE IN THIS SPACE ST. PETERSBURG FL 33716 3. Date Incorporated or Qualified 08/10/1994 2, Principal Place of Business 2a. Mailing Address Applied For 212600 118th Avenue North 59-3259583 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State

St. Ve. City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Properly Tax due June 30. ∏ No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 POINTER, D. MICHAEL II 2550 118TH AVENUE NORTH Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33716 83 84 City Zip Code 85 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 jointed name of registered agent and tow if applicable (Notify Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DCEO TITLE DELETE Change 1.1 TiTU Galinski, Michael B NAME zig code 1.2 NAME 13535 FEATHER SOUND DRIVE, SUITE 32 STREET ADDRESS TREATMENT ADDRESS **CLEARWATER FL** CITY-ST-ZIP 1.4 C/TY - ST - ZIP DELETE TITLE 2.1 THRE Change Addition NAME HALL GREG 2.2 NAME 13535 FEATHER SOUND DRIVE, SUITE 327 STREET ADDRESS 2.3 STREET ADDRESS **OLEARWATER FL** CITY-ST-ZIP 2. 4 CITY-S1-ZIP DELETE Change Addition TITLE 3.1 DILE POINTER, ANN E Pointer, D. Michael I NAME 3.2 NAME 13535 FEATHER SOUND DRIVE, SUITE 327 2550 118th Avenue North STREET ADDRESS 3.3 STREET ADDRESS CLEARWATER FL St. Petersburg, FL 33716 CITY-ST-ZIP 3.4 CifY-St-ZiP DELETE TITLE 4.1 TOLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY- ST-ZIP DELETE TITLE 5.1 TITL₹ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - 7IP DELETE TITLE Change Addition 61 101LE 900002527019 -05/18/98--01046--016 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS ***158.75 CITY-ST-ZIP 6.4 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). 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 charged, by on an attack presympton an adversarial statutes.

Michael Product 4/20/90 (012) 572,0375