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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000080978 (7)

WUNSCH CAPITAL MANAGEMENT, INC.

Principal Place of Business Mailing Address 2507 HOLLYBERRY LANE 2507 HOLLYBERRY LANE PALM CITY FL 34990 PALM CITY FL 34990

FILED Mar 24 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/31/1994 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 65-0534014 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Ζιρ Country Zφ Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SOPKO, JAMES 2307 S.E. MONTEREY ROAD 82 Street Address (P.O. Box Number is Not Acceptable) STUART FL 34996 83 City Zip Code 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 about, 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 CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES ERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE WUNSCH, SCOTT 1.2 NAME NAME 2507 HOLLYBERRY LANE STREET ADDRESS 1.3 STREET ADDRESS PALM CITY FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELFTE Channe Addition 21 TITLE TITLE WUMSCH, GEORGE J. 2.2 NAME NAME 2507 HOLLYBERRY LANE STREET ADDRESS 2.3 STREET ADDRESS PALM CITY FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP

14. I hereby 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 of 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: