## 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 # 1. Corporation Name

P95000005875 (6)

ACTIVE MIND, INC.

## FILED Jan 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					L ROULDON HIM ENIME DITH COULT OUT HE DUTH COULT	0019h 01501 (018: 10009 01)( (03)
1043 PALM COVE DRIVE 1043 PALM COVE DRIV			E			
ORLANDO FL 32835		ORLANDO FL 32835	ORLANDO FL 32835		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	is at Acc
					01/19/1995	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26					59-3296436	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State			6. Election Campaign Financing	
23		28			Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		B. This corporation owes or has paid the	current year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent	81	Messa	10. Name and Address of New Registers	ed Agent
POPICK, DAVID				Name		
1041 TUSCANY PLACE WINTER PARK FL 32789			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
	INIER FARN FL 32/09		83			
			84	City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the above	named corp	poration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing its registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Fi	lorida Statutes	the corporat	norts totard or directors. Thereby accept the a	ppointnent as registered
SIGNATURE						.,
12.	Signature, typed or printed name of registered as	jent and title if applicable. (NO ND DIRECTORS	1(: Flegistered Ager	it signature requir	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PTD	DELETE	1.1 TITLE		ADDITIONAJOLIANALA TO OLI IOLINA	Change Addition
NAME	MANLEY, CHARLES T JR		1.2 NAME			_ , , , ,
STREET ADDRESS	1043 PALM COVE DRIVE		1.3 STREET	ADDRESS		
CITY-S1-ZIP	ORLANDO FL 32835		14 CITY-ST	- ZIP		
TITLÉ	VŚD	☐ DELETE	21 TITLE			Change Addition
NAME	ALEXANDER, CHRISTOPHE	R D	22 NAME			
STREET ADDRESS	1043 PALM COVE DRIVE		2.3 STREE1 #			
CITY-ST-ZIP TITLE	ORLANDO FL 32835	DELETE	2. 4 CITY- ST 3.1 TITLE	- ZIP		Change Addition
NAME		LJ WILL	3.1 HILE 3.2 NAME			E
STREET ADDRESS			3.3 STREET A	ADDRESS		
CITY-\$1-ZIP			3.4 CITY- ST			
TITLE	182	DECETE	4.1 TOLE			☐ Change ☐ Addition
NAME			4. 2 NAME			1
STREET ADDRESS			4.3 STREE ( #	ADORESS		
CITY-ST-ZIP			4.4 CITY - ST	- 71P		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET A			
CITY-ST-ZIP TITLE	- IFTIgue	DE(ETE	5.4 CITY-ST 6.1 TITLE	- ZIP		Change Addition
NAME		F-1 Detett	6.2 NAME			ET Allenda ET vedition
STREET ADDRESS	ı		6.3 STREET A	DDRESS		
CITY-ST-ZIP			6.4 CITY - ST			

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 logal 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.

GRATURE: CharLT Man SV. Charles T Manley Jr 1/7/98 407991, 4630