

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

FILED  
Jun 01 1998 8:00am  
Secretary of State

|                                                |                                                                                   |                                                                                                    |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # P95000007953 (9)

1. Corporation Name

Desitek, Inc.

Principal Place of Business

Mailing Address

3616 Country Club Blvd.  
Cape Coral, FL 33904

1318 Lafayette St.  
Cape Coral, FL 33904

DO NOT WRITE IN THIS SPACE

|                                                 |  |                       |  |                                                       |  |
|-------------------------------------------------|--|-----------------------|--|-------------------------------------------------------|--|
| 2. Principal Place of Business                  |  | 2a. Mailing Address   |  | 3. Date Incorporated or Qualified                     |  |
| 21 Suite, Apt. #, etc.                          |  | 26 1318 Lafayette St. |  | 1/26/95                                               |  |
| 22 City & State                                 |  | 27 City & State       |  | 4. FEI Number                                         |  |
| 23 Zip                                          |  | 28 Cape Coral, FL     |  | 65-0550859                                            |  |
| 24 Country                                      |  | 29 33904              |  | 30 Country                                            |  |
| 8. Name and Address of Current Registered Agent |  |                       |  | 10. Name and Address of New Registered Agent          |  |
| 81 Hill, Thomas W.                              |  |                       |  | 81 Name                                               |  |
| 82 1318 Lafayette St.                           |  |                       |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |
| 83 Cape Coral, FL 33904                         |  |                       |  | 83                                                    |  |
|                                                 |  |                       |  | 84 City                                               |  |
|                                                 |  |                       |  | 85 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 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 of the person authorized to change the corporation's office or agent

(NOTE: Registered Agent signature required when re-appointing)

DATE

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | D                       | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Hill, Thomas W.         | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 1318 Lafayette St.      | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | Cape Coral, FL 33904    | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | P                       | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Bajusz, Harold          | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 3616 Country Club Blvd. | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | Cape Coral, FL 33904    | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                         | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                         | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                         | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                         | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                         | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                         | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                         | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 5.2 NAME                                              | 100002542771                                                      |
| STREET ADDRESS             |                         | 5.3 STREET ADDRESS                                    | -06/01/98--01119--001                                             |
| CITY-ST-ZIP                |                         | 5.4 CITY-ST-ZIP                                       | ***150.00                                                         |
| TITLE                      |                         | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                         | 6.4 CITY-ST-ZIP                                       |                                                                   |

14. I 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 successor 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. I changed or corrected the information with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (10/97)