

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

FILED

Apr 30 1998 8:00am
Secretary of State

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

DOCUMENT # **P95000017333 (2)**

1. Corporation Name
WALDVOGEL INC.

Principal Place of Business
**209 W. 1ST STREET
DOWNTOWN SUB STATION
SANFORD FL 32773**

Mailing Address
**209 W. 1ST STREET
DOWNTOWN SUB STATION
SANFORD FL 32773**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/02/1995	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State
27. Zip	28. Country	29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country
9. Name and Address of Current Registered Agent WALDVOGEL, KRIS T 209 W. 1ST STREET DOWNTOWN SUB STATION SANFORD FL 32773				10. Name and Address of New Registered Agent	
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.				81. Name	
SIGNATURE				82. Street Address (P.O. Box Number is Not Acceptable)	
(NOTE: Registered Agent signature required when reinstating)				83.	
DATE				84. City	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE				1.1 TITLE	
2. NAME				1.2 NAME	
3. STREET ADDRESS				1.3 STREET ADDRESS	
4. CITY - ST - ZIP				1.4 CITY - ST - ZIP	
5. TITLE				2.1 TITLE	
6. NAME				2.2 NAME	
7. STREET ADDRESS				2.3 STREET ADDRESS	
8. CITY - ST - ZIP				2.4 CITY - ST - ZIP	
9. TITLE				3.1 TITLE	
10. NAME				3.2 NAME	
11. STREET ADDRESS				3.3 STREET ADDRESS	
12. CITY - ST - ZIP				3.4 CITY - ST - ZIP	
13. TITLE				4.1 TITLE	
14. NAME				4.2 NAME	
15. STREET ADDRESS				4.3 STREET ADDRESS	
16. CITY - ST - ZIP				4.4 CITY - ST - ZIP	
17. TITLE				5.1 TITLE	
18. NAME				5.2 NAME	
19. STREET ADDRESS				5.3 STREET ADDRESS	
20. CITY - ST - ZIP				5.4 CITY - ST - ZIP	
21. TITLE				6.1 TITLE	
22. NAME				6.2 NAME	
23. STREET ADDRESS				6.3 STREET ADDRESS	
24. CITY - ST - ZIP				6.4 CITY - ST - ZIP	

WALDVOGEL, KRIS T
209 W. 1ST STREET
DOWNTOWN SUB STATION
SANFORD FL 32773

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
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 typed in printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V WALDVOGEL, E. JUDY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	209 W 1ST STREET	1.2 NAME	
STREET ADDRESS	SANFORD FL 32773	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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.

SIGNATURE: *E. Judy Waldvogel* *E. Judy Waldvogel* 4/24/98 4157/3278-1130

CR2E034 (10/97)