

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

FILED

**Apr 22 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000020383 (2)
1. Corporation Name
DISABLED DEALER MAGAZINE, INC.



Principal Place of Business 5938 FROND WAY APOLLO BCH FL 33572 US	Mailing Address 5938 FROND WAY APOLLO BCH FL 33572 US
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 03/08/1995	
4. FEI Number 59-3303345	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**PYLE, TERRENCE F
707 DEL WEBB BLVD.
SUN CITY CENTER FL 33573**

10. Name and Address of New Registered Agent

81 Name PAUL D. WOLBERT	
82 Street Address (P.O. Box Number is Not Acceptable) 14802 NORTH FLORIDA AVENUE	
83 Apt. # APT. # M-197	
84 City TAMPA	85 Zip Code FL 33613

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 *Paul D. Wolbert* **PAUL D. WOLBERT, PRESIDENT** **APRIL 16, 1998**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, ROBERT J	
STREET ADDRESS	5938 FROND WAY	
CITY-ST-ZIP	APOLLO BCH FL 33572	
TITLE	VPSD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, STELLA M	
STREET ADDRESS	5938 FROND WAY	
CITY-ST-ZIP	APOLLO BCH FL 33572	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	O'RIORDAN, OLIVER	
STREET ADDRESS	5938 FROND WAY	
CITY-ST-ZIP	APOLLO BCH FL 33572	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT, TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	PAUL D. WOLBERT	
13 STREET ADDRESS	14802 N. FLORIDA AVE #M-197	
14 CITY-ST-ZIP	TAMPA, FL 33613	
21 TITLE	VICE PRES., SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	TOMMY LEE LOVETT	
23 STREET ADDRESS	2021 ATTAWAY DRIVE	
24 CITY-ST-ZIP	BRANDON, FL 33511	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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.

CR2E034 (10/97)