

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

FILED
Mar 26 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 # P95000048173 (5)

1. Corporation Name
SPATIAL DECISION MANAGEMENT, INC.



Principal Place of Business
228 MAGNOLIA ST
WINDERMERE FL 34786
US

Mailing Address
228 MAGNOLIA ST
WINDERMERE FL 34786
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11064 CLIPPER CT. Suite, Apt. #, etc		2a. Mailing Address 26 11064 CLIPPER CT. Suite, Apt. #, etc		3. Date Incorporated or Qualified 06/19/1995	
22 City & State 23 WINDERMERE FL		27 City & State 28 WINDERMERE FL		4. FEI Number 59-3323909	
24 34786		29 34786		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 ORANGE		30 ORANGE		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent LANDGRAF, JOHN P 228 MAGNOLIA ST WINDERMERE FL 34786				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 11064 CLIPPER CT. 83 84 City WINDERMERE FL 85 Zip Code 34786	
--	--

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 or 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	C	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDGRAF, JOHN P	1.2 NAME	LANDGRAF, JOHN P
STREET ADDRESS	228 MAGNOLIA ST	1.3 STREET ADDRESS	11064 CLIPPER CT
CITY-ST-ZIP	WINDERMERE FL 34786	1.4 CITY-ST-ZIP	WINDERMERE FL 34786
TITLE	CEO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUDERBACK, PETER D	2.2 NAME	
STREET ADDRESS	2 BAYBERRY LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	NANTUCKET MA 02554	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUDERBACK, ROBERTA	3.2 NAME	
STREET ADDRESS	2 BAYBERRY LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	NANTUCKET MA 02554	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDGRAF, MARY E	4.2 NAME	
STREET ADDRESS	228 MAGNOLIA ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL 34786	4.4 CITY-ST-ZIP	
TITLE		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		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:  JOHN P. LANDGRAF

3/21/98 407876-5451

CR2E034 (10/97)