

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra E. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # P95000075745 (6)
1. Corporation Name

NEW EXTREME, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1995

4. FIC Number

65-0610521

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year delinquent
Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

Principal Place of Business

27070 LAKE HARBOUR CT. UNIT #202
BONITA SPRINGS FL 33923

Mailing Address

27070 LAKE HARBOUR CT. UNIT #202
BONITA SPRINGS FL 33923

2. Principal Place of Business

21 2348 Pine Ridge Rd.
Suite, Apt., Etc.

2a. Mailing Address

26 2480 GOLF TRAIL CT.
Suite, Apt., Etc.

22 City & State

23 Naples Florida
City County

24 34109 U.S.N.
Zip

27 City & State

28 Aurora Ill.
City County

29 60506 USA
Zip

9. Name and Address of Current Registered Agent

SIESKY, JAMES H ESQ
1000 N TAMiami TRAIL, SUITE 201
NAPLES FL 33940

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 2348 Pine Ridge Rd.
84 City Naples
85 FL Zip Code 34109

11. Pursuant to the provisions of sections 607.0607 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, sections 607.0606, Florida Statutes.

SIGNATURE: Sandra E. Morham
I, Secretary of State, certify that the foregoing is a true and correct copy of the original.

(Print Name of Agent) Signature required when registering

DATED: 9/28/98

12. OFFICERS AND DIRECTORS

101 D
NAME: STREIT, JULIE D
STREET ADDRESS: 27070 LAKE HARBOUR CT, UNIT #202
CITY/STATE/ZIP: BONITA SPRINGS FL 33923

102
NAME: [blank]
STREET ADDRESS: [blank]
CITY/STATE/ZIP: [blank]
103
NAME: [blank]
STREET ADDRESS: [blank]
CITY/STATE/ZIP: [blank]
104
NAME: [blank]
STREET ADDRESS: [blank]
CITY/STATE/ZIP: [blank]
105
NAME: [blank]
STREET ADDRESS: [blank]
CITY/STATE/ZIP: [blank]
106
NAME: [blank]
STREET ADDRESS: [blank]
CITY/STATE/ZIP: [blank]
107
NAME: [blank]
STREET ADDRESS: [blank]
CITY/STATE/ZIP: [blank]
108
NAME: [blank]
STREET ADDRESS: [blank]
CITY/STATE/ZIP: [blank]
109
NAME: [blank]
STREET ADDRESS: [blank]
CITY/STATE/ZIP: [blank]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101 TITLE: D/V/T/S. STREIT, JULIE D
102 NAME: 2480 GOLF TRAIL CT.
103 STREET ADDRESS: Aurora Ill. 60506
104 CITY/STATE/ZIP: [blank]
105 TITLE: [blank]
106 NAME: STREIT, EDWARD J.
107 STREET ADDRESS: 2480 GOLF TRAIL CT.
108 CITY/STATE/ZIP: Aurora Ill 60506
109 TITLE: [blank]
110 NAME: [blank]
111 STREET ADDRESS: [blank]
112 CITY/STATE/ZIP: [blank]
113 TITLE: [blank]
114 NAME: [blank]
115 STREET ADDRESS: [blank]
116 CITY/STATE/ZIP: [blank]
117 TITLE: [blank]
118 NAME: [blank]
119 STREET ADDRESS: [blank]
120 CITY/STATE/ZIP: [blank]

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(g), 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 liquidator employed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changes, or on an attachment with an address.

SIGNATURE: Julie D Streit

9/28/98 (650) 907-1039

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