

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <i>pp5000 77306</i>		
1. Corporation Name <b>SJM Enterprises of Tallahassee</b>		

Principal Place of Business Mailing Address  
**3219 Thomasville Road, 2-B  
Tallahassee, Fl. 32312**

2. Principal Place of Business <b>21 3219 Thomasville Rd.</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 Same</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>10-9-95</b>	
22 2-B City & State <b>23 Tallahassee, Fl.</b>		27 City & State <b>28</b>		4. FEI Number <b>59-3347481</b> Applied For Not Applicable	
24 Zip <b>32312</b>		Country <b>25 USA</b>	Zip <b>29</b>	Country <b>30</b>	5. Certificate of Status Desired □ <b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution □ <b>\$5.00</b> May Be Added to Fees		7. 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 <b>Robert A. Pierce 227 South Calhoun St. Tallahassee, Fl. 32301</b>					
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 <i>Sandra J. Moses</i>		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 <b>PSTD</b> NAME <b>Sandra J. Moses</b> STREET ADDRESS <b>3219 Thomasville Rd, 2-B</b> CITY-ST-ZIP <b>Tallahassee, Fl. 32312</b>		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
		<i>707/16</i>	
		<b>2000002457652</b> -03/16/98--01019--007 ***150.00	

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 *Sandra J. Moses* - Sandra J. Moses 2-12-98 850.653.3330  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR