## 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 #

P95000078120 (9)

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Country

9. Name and Address of Current Registered Agent

Block 12 or Block 13 if changed, or op ab attachment with an abdress.

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17710 CASTLE HARBOR DR.

MASON, MARY JO

FT. MYERS FL 33912

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

ACQUISITIONS, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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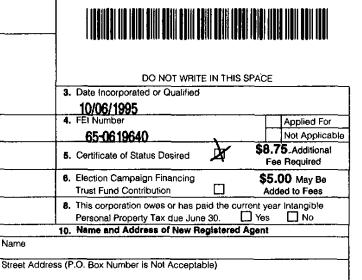
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Zip

Principal Place of Business	Mailing Address
17710 CASTLE HARBOR DR.	17710 CASTLE HARBOR DR.
FT. MYERS FL 33912	FT. MYERS FL 33912

FILED Feb 19 1998 8:00am Secretary of State



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. Day Mason SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed ochrini e of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE D 1.1 TITLE Change Addition NAME MASON, MARY JO 1.2 NAME 17710 CASTLE HARBOR DR. STREET ADDRESS 1.3 STREET ADDRESS FT. MYERS FL 33912 CITY-ST-ZIP 1.4 CITY-ST-ZIE DELETE Change Addition TITLE 2.1 TITLE HANNA, CARL NAME 2.2 NAME STREET ADDRESS 17710 CASTLE HARBOR DR. 2.3 STREET ADDRESS FT. MYERS FL 33912 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ■ Addition 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change \_\_\_ Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 enhancement to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

2-2-94

Country

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83 City

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