

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

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000004630 (5)**  
 1. Corporation Name  
**HERRICK-SMITH GROUP PHASE II, INC.**



Principal Place of Business <b>320 N. CENTRAL AVENUE OVIEDO FL 32765</b>	Mailing Address <b>320 N. CENTRAL AVENUE OVIEDO FL 32765</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>220 ALEXANDER ST</b>	26 <b>220 ALEXANDER ST</b>			<b>01/11/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
				<b>59-3439183</b>	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 <b>OVIEDO, FL</b>	28 <b>OVIEDO, FL</b>	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<b>32765</b>	<b>SEMINOLE</b>	<b>32765</b>	<b>SEMINOLE</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SMITH, RALPH</b> <b>320 N. CENTRAL AVENUE</b> <b>OVIEDO FL 32765</b>				81 Name	<b>JOHN W. HERRICK</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>220 ALEXANDER ST</b>		
				83			
				84 City	<b>OVIEDO</b>	85 Zip Code	<b>FL 32765</b>

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]* DATE: **5-28-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VPS</b>	1.1 TITLE	<b>VP</b>
NAME	<b>SMITH, RALPH</b>	1.2 NAME	<b>JOHN W. HERRICK</b>
STREET ADDRESS	<b>320 N. CENTRAL AVENUE</b>	1.3 STREET ADDRESS	<b>220 ALEXANDER ST</b>
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	1.4 CITY-ST-ZIP	<b>OVIEDO, FL 32765</b>
TITLE	<b>VP</b>	2.1 TITLE	<b>VP</b>
NAME	<b>SMITH, CODY</b>	2.2 NAME	<b>JOHN W. HERRICK</b>
STREET ADDRESS	<b>320 N. CENTRAL AVENUE</b>	2.3 STREET ADDRESS	<b>220 ALEXANDER ST</b>
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	2.4 CITY-ST-ZIP	<b>OVIEDO, FL 32765</b>
TITLE	<b>P</b>	3.1 TITLE	<b>PRESIDENT</b>
NAME	<b>HERRICK, JOHN</b>	3.2 NAME	<b>JOHN W. HERRICK</b>
STREET ADDRESS	<b>320 N. CENTRAL AVENUE</b>	3.3 STREET ADDRESS	<b>220 ALEXANDER ST</b>
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	3.4 CITY-ST-ZIP	<b>OVIEDO, FL 32765</b>
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *[Signature]* DATE: **5-28-98** 407-366-2855 ext 11

CR2E034 (10/97)