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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000008149 (2)

1. Corporation Name

CITRUS INTERNATIONAL & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

455 SOUTH ORANGE AVENUE
SUITE 902
ORLANDO FL 32801

1000 N. ORLANDO AVE
455 SOUTH ORANGE AVENUE STE D
SUITE 902 WINTER PARK
ORLANDO FL 32801
FL 32789

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1000 N. ORLANDO AVE

2a. Mailing Address

26 1000 N. ORLANDO AVE

Suite, Apt. #, etc.

22 STE D

Suite, Apt. #, etc.

27 STE D

City & State

23 WINTER PARK, FL

City & State

28 WINTER PARK, FL

Zip

24 32789

Country

25

Zip

29 32789

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STAMP, MARTIN F
201 SOUTH ORANGE AVENUE
SUITE 900
ORLANDO FL 32801

940 HIGHLAND AVE
ORLANDO, FL 32803

81 Name

82 STREET ADDRESS (P.O. Box Number is Not Acceptable)

83 940, HIGHLAND AVE

84

City

ORLANDO

FL

85

Zip Code

32803

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 the # applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 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 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 in an attachment with an address.

CR2E034 (10/97)