

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

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000022746			
1. Corporation Name INTHYNAME, INC. P.O. BOX 274071 Tampa, FL 33688-4071			
Principal Place of Business 14125 Fennsbury Dr. Tampa, FL 33624		Mailing Address P.O. BOX 274071 Tampa, FL 33688-4071	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent Barbara Buehring 14125 Fennsbury Dr. Tampa, FL 33624		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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: Barbara Buehring, President 4/1/98			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TREASURER Barbara Buehring 14125 Fennsbury Dr. Tampa, FL 33624 SECRETARY Vera Goodchild 110 4th Ave. NW Lutz, FL 33549 PRESIDENT Robyn Deaton 15627 INDIAN QUEEN DR. ODESSA, FL 33556 Vice President Ray Deaton 15627 Indian Queen Dr. Odessa, FL 33556 Vice President Joi Graham 12714 Hampton Park Blvd. Tampa, FL 33624		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE PRESIDENT 12 NAME Barbara Buehring 13 STREET ADDRESS 14125 Fennsbury Dr. 14 CITY-ST-ZIP Tampa, FL 33624 21 TITLE V.P. 22 NAME Vera Goodchild 23 STREET ADDRESS 110 4th Ave. NW 24 CITY-ST-ZIP Lutz, FL 33549 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 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: **Barbara Buehring / BARBARA BUEHRING** April 1, 1998 (813) 961-3891

CR2E034 (10/97)