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

May 13 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified Principal Place of Busines Applied For Not Applicable Suite, Apt. #. etc. Sulte, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** 23 28 Added to Fees Zip Country Zlp Country This corporation owes or has paid the current year intangible Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 add Combs 82 Street Address (P.O. Box Number is Not Acceptable) 20505 US 1911, # 12-109 83 Clearmores, FL 33764 84 Zip Code 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. 1000 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Piesident Todd Combs TITLE 1.1 TITLE DELETE Change Addition NAME 1.2 NAME 2460 Bientward Dr. STREET ADDRESS 1.3 STREET ADDRESS Charmater, FL 33764 CITY - ST - ZIP 1.4 CITY - ST - ZIP reasure 6 TITLE 2 1 TITLE Change Addition Irene Combs NAME 2.2 NAME 2460 Arentwood Dr. STREET ADDRESS 2.3 STREET ADDRESS clearwater, FL 3376K CITY - ST - ZIP 2.4 CITY - ST - ZIP Secretary TITLE DELETE 3.1 TITLE Change Addition Todd Combi NAME 3.2 NAME 2460 Brentward O.P. STREET ADDRESS 3.3 STREET ADDRESS Clearmater, FL 33764 CITY - ST - ZIP 3.4 CITY - ST - ZIP TITLE 4.1 TITLE DELETE Change NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE ***150.00 NAME 6.2 NAME

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 Bloc changed, or an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

STREET ADDRESS

OTY - ST - ZIP

SIGNATURE AND PED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED

CR2E034 (10/97)