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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000029428 (5)

	DOCULEX, INC.										
P	rincipal Place of Busines	ss	Mailing Address	Mailing Address			- I HERRYRUN ING IBAND ONLEY OURTH BOTHL WENER BOTHR II	(
	200 AVE. B. N.W. WINTER HAVEN FL 33880	ı	PO BOX 7378 WINTER HAVEN US	WINTER HAVEN FL 33883-7378			DO NOT WRITE IN THIS SPACE				
					_		3. Date incorporated or Qualified 03/29/1996				
2. Principal Place of Business			2a. Mailing Add	2a. Mailing Address			4. FEI Number	Applied For			
21	<u></u>	26	26			59-3377504 Not A					
22	Suite, Apt. #, etc.	Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
23	City & State	City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
24	Zip	Country 25	Zip 29	30	untry	,	This corporation dwes or has paid the c Personal Property Tax due June 30.	urrent year Intangible			
	g. Name	and Address of Currer	nt Registered Agent				10. Name and Address of New Registere	d Agent			
STRANG, CARL J III					81	Name					
200 AVE. B, N.W. WINTER HAVEN FL 33880						Street Addre	itreet 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 of directors. I began a country the appointment as registered

	Signature, typed or printed name of registered agent and tit		TE: Registered Agent signature requ		DATE		
12.	OFFICERS AND DIRE		13.	_ADDIT!ONS/CHANG	ES TO OFFICERS A		
TITLE	D	DELETE	1.1 TITLE			Change	Additio
NAME	STRANG, CARL J III		1.2 NAME				
STREET ADDRESS	1340 LAKE CANNON DR E		1.3 STREET ADDRESS				
CITY-ST-ZIP	WINTER HAVEN FL 33880		1.4 CITY - ST - ZIP				
TITLE	D	DELETE	2.1 TITLE		,	Change	Additio
NAME	STRANG, CARL J JR		2.2 NAME	1			
STREET ADDRESS	1050 LAKE OTIS DR W		2.3 STREET ADDRESS	i			
CITY - ST - ZIP	WINTER HAVEN FL 33880		2. 4 CITY-ST-ZIP				
ITLE	D	DELETE	3.1 TITLE		Ć.	Change	Additio
NAME	WILSON, KERRY M		32 NAME	i			
STREET ADDRESS	1906 18TH ST NW		3.3 STREET ADDRESS	!			
CITY-ST-ZIP	WINTER HAVEN FL 33881		3.4. CITY-ST-ZIP	,			
TITLE	D	DELETE	4.1 TITLE			Change	Additio
NAME	BOGDAHN, JOSEPH		4. 2 NAME				
STREET ADDRESS	1332 EVELYN DR SE		4.3 STREET ADDRESS				
CITY-ST-ZIP	WINTER HAVEN FL 33880		4.4 CITY-ST-ZIP		1		
ITLE		DELETE	5.1 TITLE	<u> </u>		Change	Additio
NAME			5.2 NAME				
TREET ADDRESS			5.3 STREET ADDRESS				
ITY-ST-ZIP			5.4 CITY - ST - ZIP				
ITLE		DELETE	6.1 TITLE			Change	Additio
IAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
			1				

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 13 if changed, or or, an attackment with an address.

SIGNATURE:

FILED

Feb 02 1998 8:00am

Secretary of State