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

Apr 07 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # P96000030482 (9) BRISTOL INT'L, INC. Principal Place of Business Mailing Address 2118 SOFTWIND TRAIL PO BOX 51303 JACKSONVILLE FL 32224 JACKSONVILLE FL 32240-1303 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 228 14th AVENUE N. 59-3380442 Not Applicable Suite, Apt #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 JACKSONVILLE BOUGH, FL Trust Fund Contribution Added to Fees 28 Country ZiD Country 8. This corporation owes or has paid the current year Intangible 25 US Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name NOE, WILLIAM G JR. 599 ATLANTIC BLVD., SUITE 6 R2 Street Address (P.O. Box Number is Not Acceptable) ATLANTIC BEACH FL 32233 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 Signature typed or punted name of registered agent and little if applicable (NOTE: Registered Agent alignature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PSTD DELETE 1.1 TITLE Addition TITLE Change BELL, PATRICK B 1.2 NAME NAME 2118 SOFTWIND TRAIL STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32224 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 31 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 43 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELFTE Change Addition 5.1 TOTLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

6.4.CITY-ST-ZIP

14. Thereby 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.

5.4 CITY - ST-ZIP

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

- Re-

DELETE

4/2/98 904-242-0330

Addition

Change

FILED