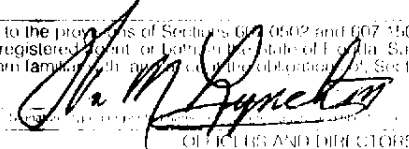
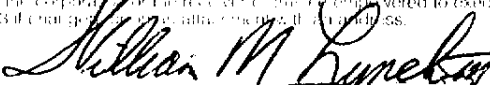


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Jun 01 1998 8:00am  
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1998                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mogham<br>Secretary of State<br>DIVISION OF CORPORATIONS                                                                                                                                                                                                                                                    |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| DOCUMENT # <b>89600038635</b><br>1. Corporation Name: <b>COMPUTER AUTOMATED FACILITIES MANAGEMENT, INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| Principal Place of Business<br><b>515 VIRGINIA AVE<br/>WINTER PARK, FLORIDA<br/>32789</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Mailing Address<br><b>P.O. Box 1206<br/>WINTER PARK, FLORIDA 32789</b>                                                                                                                                                                                                                                                                                                                                                                    |  |
| 2. Principal Place of Business:<br>21 Suite, Apt #, etc.<br>22 City & State<br>23 Zip<br>24 Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 2a. Mailing Address:<br>26 Suite, Apt #, etc.<br>27 City & State<br>28 Zip<br>29 Country                                                                                                                                                                                                                                                                                                                                                  |  |
| 9. Name and Address of Current Registered Agent<br><b>WM. M. LYNCH III<br/>515 VIRGINIA AVE<br/>WINTER PARK, FLORIDA 32789</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code                                                                                                                                                                                                                                                                                          |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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 understand the obligations of Section 607.0505, Florida Statutes.<br>SIGNATURE:  <b>WM. LYNCH III</b> DATE: <b>4/25/98</b>                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| 12. OFFICERS AND DIRECTORS<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                    |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br>11 TITLE<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY-ST-ZIP<br>21 TITLE<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY-ST-ZIP<br>31 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY-ST-ZIP<br>41 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY-ST-ZIP<br>51 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY-ST-ZIP<br>61 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY-ST-ZIP |  |
| 14. I hereby certify that the information provided in this report does not qualify for the exemption stated in Section 19.07(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 secretary of the corporation; and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes or additions are made to the address. |  | 900002542859<br>-06/01/98--01119--026<br>***150.00                                                                                                                                                                                                                                                                                                                                                                                        |  |
| SIGNATURE:  <b>William M. Lynch III</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | (800) 742-4911                                                                                                                                                                                                                                                                                                                                                                                                                            |  |

CR2E034 (10/97)