

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

FILED

**Jun 09 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT .1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000039860 (7)
1. Corporation Name
SILICON DESIGN RESOURCES, INC.



Principal Place of Business 283 NORTH LAKE BLVD., SUITE 111 ALTAMONTE SPRINGS FL 32701	Mailing Address 283 NORTH LAKE BLVD., SUITE 111 ALTAMONTE SPRINGS FL 32701
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1320 Capital of Texas Hwy Suite, Apt. #, etc. 22 Box 2, Suite 300 City & State 23 AUSTIN TX Zip 24 78746	2a. Mailing Address 26 SAME AS 2. Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA
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3. Date Incorporated or Qualified 05/07/1996	4. FEI Number 59-3383909	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**RACE, DAVID M
1245 WELLINGTON TERRACE
MAITLAND FL 32751**

10. Name and Address of New Registered Agent
81 Name **MASSEY, GARY P.A.**
82 Street Address (P.O. Box Number is Not Acceptable)
100 WEST CITRUS ST
83
84 City **Altamonte Springs FL** 85 Zip Code **32714-2577**

11. Pursuant to the provisions of Sections 607.04(2) and 607.15(8), 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 607.04(5), Florida Statutes.

SIGNATURE: *G. H. Massey P.A.* (NOTE: Registered Agent signature required when reinstating) DATE: **6/4/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	ROBALINO, G. STEVEN 1354 SCHOONER COURT WINTER SPRINGS FL	<input type="checkbox"/> DELETE	
TITLE DV	RACE, DAVID M 1245 WELLINGTON TERRACE MAITLAND FL	<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	

1.1 TITLE DP DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Robalino, G. Steven	
1.3 STREET ADDRESS 13019 MARITIME PI	
1.4 CITY - ST - ZIP San Diego CA 92130	
2.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME RACE, DAVID M	
2.3 STREET ADDRESS 1405 Scottish Woods Tr	
2.4 CITY - ST - ZIP AUSTIN TX 78746	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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

CR2E034 (10/97)