FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **FILED PROFIT** FLORIDA DEPARTMENT OF STATE May 21 1998 8:00am **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 900 **DIVISION OF CORPORATIONS** DOCUMENT (OOKING Principal Place of Business 5980 LAKEHURST DR. 5980 LAKEHURST DR. ORLANDO FL 32819 ORLANDO FL 32819-8343 3. Date incorporated or Qualified 3a. Date of Last Report MAY 16, 1996 Principal Place of Business 2. 2a. Mailing Address Applied For 26 Not Applicable Suite. Apt. #. etc. Suite, Apt. # etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zio Country Ζıp Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name BATTAGLIA, W. P. TWO SOUTH ORANGE PLAZA Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 83 Zip Code City 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. S:GNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TLE DELETE 1.1 TITLE Addition HAME ACKERBLOOM, KRISTA MARRIE 1.2 NAME 7681 MOUNT CARMEL DR. STREET ADDRESS 13 STREET ADDRESS ORLANDO FL 1 4 CITY - ST - ZIP CHTY - ST - ZIP TITLE DELETE Change Addition 21 TITLE ROBERT NILS ACKERBLOOM, MAME 2.2 NAME 7681 MOUNT CARMEL DR. STREET ADDRESS 2.3 STREET ADDRESS OPLANDO FL - - ST - Z1P 2 4 CITY - ST - ZIP --.: DELETE Change 3.1 TiTLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS OFFN - ST - ZIP 3 4. CITY - ST - ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS City - \$7 - 21P 4.4 City - ST - ZIP Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 54 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE **80000253304**8 -05/22/98--01031--031 NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

SIGNATURE:

(407)352-6066

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