

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

**FILED**

**Apr 27 1998 8:00am  
Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000054161 (0)**

1. Corporation Name  
**MONDSEE, INC.**



Principal Place of Business <b>2163 S.E. OCEAN BOULEVARD STUART FL 34996</b>	Mailing Address <b>2163 S.E. OCEAN BOULEVARD STUART FL 34996</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2225 SE Ocean Blvd</b>	2a. Mailing Address 26 <b>2225 SE Ocean Blvd</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>Stuart Fla.</b>	28 City & State <b>Stuart, Fla</b>
24 Zip <b>34996</b>	25 Country <b>Martin</b>
29 Zip <b>34996</b>	30 Country <b>Martin</b>

3. Date Incorporated or Qualified <b>06/24/1996</b>	4. FEI Number <b>65-0683108</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>		
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

**METZGER, ELIZABETH A ESQ.  
1500 SOUTHERN BOULEVARD  
SUITE 300  
WEST PALM BEACH FL 33416**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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 \_\_\_\_\_ (NOT: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>WEAVER, JUDY</b>	
STREET ADDRESS	<b>2163 S.E. OCEAN BOULEVARD</b>	
CITY-ST-ZIP	<b>STUART FL 34996</b>	
TITLE	DVPT	<input type="checkbox"/> DELETE
NAME	<b>INGRAM, ROBIN</b>	
STREET ADDRESS	<b>1024 E. 9TH STREET</b>	
CITY-ST-ZIP	<b>STUART FL 34996</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, DONNA</b>	
STREET ADDRESS	<b>2163 S.E. OCEAN BOULEVARD</b>	
CITY-ST-ZIP	<b>STUART FL 34996</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Judy weaver</b>
1.3 STREET ADDRESS	<b>2225 SE Ocean Blvd</b>
1.4 CITY-ST-ZIP	<b>Stuart FL 34996</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>2225 SE Ocean Blvd</b>
3.4 CITY-ST-ZIP	<b>Stuart FL 34996</b>
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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (10/97)