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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000059890 (9)

FILED Jan 29 1998 8:00am Secretary of State

Principal Place of Business
Principal Place of Business P.O. BOX 270635 TAMPA FL 33688 P.O. BOX 270635 TAMPA FL 33688 P.O. BOX 270635 TAMPA FL 33688 P.O. BOX 270635 TAMPA FL 33688 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/17/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3392489 Not Applied For Not Applied For Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State City & State 23 City & State 24 25 26 27 Country 26 27 Country 27 28. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 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 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 amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE
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Skjinature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstalling) DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D DELETE 1.1 TITLE
NAME HA, JAMES 1.2 NAME
STREET ADDRESS P.O. BOX 270635 1.3 STREET ADDRESS
CITY-ST-ZIP TAMPA FL 33688
TITLE DELETE 2.1 TiTLE Change Addition
NAME 2.2 NAME
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TITLE G.1 TITLE G.1 TITLE L.] Change L.] Addition
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certification in the section of t

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:

Jan 15 98