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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 17 1998 8:00am Secretary of State

Principal Place of Business 3085 TROPICAIRE NORTH PORT FL 34287 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/29/1996 2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Mailing Address 4. FEI Number 2c. Principal Place of Business 2d. Mailing Address 4. FEI Number 59-3389923 Not Applied For 59-3389923 Not Applied For 59-3389923 Suite, Apt. #, etc. 50 Certificate of Status Desired Fee Required City & State City & State City & State City & State 2c. Country Added to Fees Trust Fund Contribution Added to Fees Added to Fees Added to Fees Added to Fees Trust Fund Contribution Added to Fees Ad
NORTH PORT FL 34267 NORTH PORT FL 34267 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3389923 Not Applied For Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees Zip Country Zip Country Zip Country 8. 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
DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/29/1996 2. Principal Place of Business 28. Mailing Address 29. Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 20. City & State 21. City & State 22. City & State 23. Country 24. Country 24. Country 26. Country 27. Country 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 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/29/1996 4. FEI Number 59-3389923 5. Certificate of Status Desired 6. Election Campaign Financing 7. Trust Fund Contribution 7. Added to Fees 7. This corporation owes or has paid the current year Intangible 7. Personal Property Tax due June 30. Yes No 7. No 7. Name and Address of Current Registered Agent 7. No 7. Name and Address of New Registered Agent
3. Date Incorporated or Qualified 07/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3389923 Not Applied For Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State City & State City & State Country Zip Country Zip Country Applied For Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees Trust Fund Contribution Added to Fees 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
2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. Country 3. 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 2. Applied For Not Applicable 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 7. Trust Fund Contribution Added to Fees 7. 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 7. Not Applicable 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
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Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Added to Fees Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
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28 Trust Fund Contribution Added to Fees Zip Country Zip Country 29 Sountry Registered Agent Country Registered Agent
Zip Country Zip Country 24 25 29 30 Personal Property Tax due June 30. Yes No 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent
24 25 29 30 Personal Property Tax due June 30. Yes No 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent
LOGIE, JANICE K
3085 TROPICAIRE ROAD 82 Street Address (P.O. Box Number is Not Acceptable)
NORTH PORT FL 34287
83
84 City 85 Zip Code
FL S E S
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
Signature, typed or printed name of registered agent and talle if applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VP 6 DELETE 11 TITLE Change Addition
NAME LOGIE, ALEXANDER G 12 NAME
STREET ADDRESS 3085 TROPICAIRE BLVD 1.3 STREET ADDRESS
CITY-ST-ZIP NORTH PORT FL 1.4 CITY-ST-ZIP
THILE DELETE 2.1 TITLE Change Addition C
NAME 2.2 NAME
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CITY-ST-ZIP 54 CITY-ST-ZIP
TITLE DELETE 61 TITLE Change Addition
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 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

4. 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 chapted, or on an attachment with an address.

SIGNATURE.

JANIAE K. LOGIE

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