

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

FILED

Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthagen Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000068617 (5)

1. Corporation Name
THE TUNGSTEN GROUP, INC.



Principal Place of Business
3110 HILLSIDE LN
SAFETY HARBOR FL 34695

Mailing Address
3110 HILLSIDE LN
SAFETY HARBOR FL 34695

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3505 CHESAPEAKE AVE Suite, Apt. #, etc. 22 City & State 23 HAMPTON VA Zip 24 23661		2a. Mailing Address 26 3505 CHESAPEAKE AVE Suite, Apt. #, etc. 27 City & State 28 HAMPTON VA Zip 29 23661		3. Date Incorporated or Qualified 08/15/1996	
				4. FEI Number 59-3396306	
				5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DEMELLWEEK, ROBERT J C/O FIVE STAR CONSOLIDATED BLDG 1 SUITE 7 12945 SEMINOLE BLVD LARGO FL 34684		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 3110 HILLSIDE LANE, SAFETY HARBOR 84 City 85 Zip Code	
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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  ROBERT J. DEMELLWEEK 2-30-98
(Signature, typed or printed name of registered agent and title if applicable) (NOT: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE DEMELLWEEK, ROBERT J 3110 HILLSIDE LN SAFETY HARBOR FL 34695	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE DEMELLWEEK, JENNIFER J 3110 HILLSIDE LN SAFETY HARBOR FL 34695	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE SUTTON, LAWRENCE A JR 3110 HILLSIDE LN SAFETY HARBOR FL 34695	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  ROBERT J. DEMELLWEEK 3-30-98 2-30-98
(Signature, typed or printed name of registered agent and title if applicable) (NOT: Registered Agent signature required when reinstating) DATE

CR2E034 (10/97)