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

PROFIT CORPORATION ANNUAL REPORT 1998 Secretary of State DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE SENDER B. Mortham Secretary of State DIVISION OF CORPORATIONS Mar 24 1998 8:00am Secretary of State

DOCUMENT # P96000069336 (1) BYRON J. NENOS JR., P.A. Principal Place of Business Mailing Address STE. 312B. 3820 NORTHDALE BLVD. STE. 312B. 3820 NORTHDALE BLVD. TAMPA FL 33618 **TAMPA FL 33618** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/20/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 21 26 59-3402640 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 FILINGS, INC. 3732 N.W. 16TH STREET Street Address (P.O. Box Number is Not Acceptable) 62 FT. LAUDERDALE FL 33311-4132 83 84 City 85 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 (NOTE: Flegistered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE TITLE Change Addition NENOS, BYRON J JR. NAME 1.2 NAME 14506 NETTLE CREEK RD. STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 33624 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE 2.2 NAME NAMI STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREFT ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

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 altrichment with an address.

SIGNATURE:

Sown Ellewise BYRIN J. NEWW JR

3-/17/58

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