SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT

**1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # P96000080869 (6)

1. Corporation Name
ASTRO JUMP OF CENTRAL FLORIDA, INC.

Principal Place of Business
358 BAHIA CIRCLE
LONGWOOD FL 32750

Mailing Address
358 BAHIA CIRCLE
LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/26/1996

2. Principal Place of Business
21 1335 BENNETT DR
Suite, Apt. #, etc.
22 # 159
City & State
23 LONGWOOD FL
Zip
24 32750
Country
25

2a. Mailing Address
26 404 E. BROADWAY
Suite, Apt. #, etc.
27 # 409
City & State
28 PHOENIX, AZ.
Zip
29 85040
Country
30

4. FEI Number
59-3405630
Applied For / Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fee

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
MACMULLEN, JAMES
358 BAHIA CIRCLE
LONGWOOD FL 32750

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.0505, 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

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | MACMULLEN, JAMES |
| STREET ADDRESS | 358 BAHIA CIR |
| CITY ST ZIP | LONGWOOD FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | |
| NAME | |
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| CITY ST ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---|---|
| 11 TITLE | [ ] Change [ ] Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY ST ZIP | |
| 21 TITLE | [ ] Change [ ] Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY ST ZIP | |
| 31 TITLE | [ ] Change [ ] Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY ST ZIP | |
| 41 TITLE | [ ] Change [ ] Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY ST ZIP | |
| 51 TITLE | [ ] Change [ ] Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY ST ZIP | |
| 61 TITLE | [ ] Change [ ] Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY ST ZIP | |

C96000080869 (6)

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: JAMES A. MACMULLEN 9/10/98 (407) 830-4479