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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

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Apr 06 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000089241 (9)

LINGE FINANCIAL SERVICES, INC.

Mailing Address Principal Place of Business 10033 SAWGRASS DRIVE W 10033 SAWGRASS DRIVE W STE #104 STE #104 DO NOT WRITE IN THIS SPACE PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 3. Date Incorporated or Qualified 10/28/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-34097.12 Not Applicable Suite, Apl. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5,00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 25 Yes 24 29 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LINGE, JOHN B JR Street Address (P.O. Box Number is Noi Acceptable) 10033 SAWGRASS DRIVE W 82 STE #104 83 PONTÉ VEDRA BEACH FL 32082 Dr.w. Sawarass 84 Zip Code 32082 11. Pursuant to the provisions of Soctions 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, typed or printed name of registered agent and title if applicable (NOTE Flagistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.17016 NAME LINGE JR. JOHN B 1.2 NAME 10033 SAWGRASS DR W. #104 STREET ADDRESS 1.3 STREET ADDRESS PONTE VEDRA BEACH FL 14 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 1111.8 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - 2IP DELETE Change Add tion 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7(P DELETE Change Addition TITLE 51 1IME NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change ■ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. Thereby 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 indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath, 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, on an attachment with an address.

CNATURE: 41/98 904-280-21