

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

FILED  
May 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000093557 (2)**

1. Corporation Name  
**SOZO INTERNATIONAL, INC.**



Principal Place of Business <b>13 KELLY AVE NE STE #5 FT WALTON BEACH FL 32549 US</b>	Mailing Address <b>P.O. BOX 4326 STE #5 FT WALTON BEACH FL 32549 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/15/1996**

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-3410238</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**MARTIN, VIRGINIA W  
427 BENNING DR  
DESTIN FL 32541**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MARTIN, V W</b>			1.2 NAME			
STREET ADDRESS	<b>427 BENNING DRIVE</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>DESTIN FL</b>			1.4 CITY-ST-ZIP			
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>EVANS, CHARLES A</b>			2.2 NAME			
STREET ADDRESS	<b>611 CATHERINE CT</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>FT WALTON BEACH FL</b>			2.4 CITY-ST-ZIP			
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>VAGGALLS, STEVENS</b>			3.2 NAME			
STREET ADDRESS	<b>380 ANGELA LANE</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MARY ESTHER FL</b>			3.4 CITY-ST-ZIP			
TITLE	<b>OS</b>	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>THORNE, LM</b>			4.2 NAME			
STREET ADDRESS	<b>9412 BONE BLUFF DRIVE</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NAVARRE FL</b>			4.4 CITY-ST-ZIP			
TITLE	<b>OS</b>	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LINDLEY, DWAIN</b>			5.2 NAME			
STREET ADDRESS	<b>13 WARWICK DR</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>SHALIMAR FL</b>			5.4 CITY-ST-ZIP			
TITLE	<b>OS</b>	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SMITH, BRENT</b>			6.2 NAME			
STREET ADDRESS	<b>70 HICKORY ST</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>FREEMPORT FL</b>			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 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.

CR2E034 (10/97)