

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000100724 (9)
 1. Corporation Name
ALGOA, INC.



Principal Place of Business 3350 CHARLES MACDONALD DRIVE SARASOTA FL 34240	Mailing Address 3350 CHARLES MACDONALD DRIVE SARASOTA FL 34240
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 120 LITTLE WEKIVA CT Suite, Apt. #, etc. 22 LONGWOOD FL 32779 City & State 23 Zip Country 24 32779 25 USA		2a. Mailing Address 26 120 LITTLE WEKIVA CT Suite, Apt. #, etc. 27 LONGWOOD FL 32779 City & State 28 Zip Country 29 32779 30 USA	
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3. Date Incorporated or Qualified 12/12/1996	
4. FEI Number 65-0711676	Applied For <input type="checkbox"/> Not Applicable
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
PRIEST, ROSALIE F
3350 CHARLES MACDONALD DRIVE
SARASOTA FL 34240
120 LITTLE WEKIVA COURT
LONGWOOD, FL 32779

10. Name and Address of New Registered Agent
 81 Name **PRIEST, ROSALIE F.**
 82 Street Address (P.O. Box Number is Not Acceptable)
120 LITTLE WEKIVA CT
 83
 84 City **LONGWOOD** **FL** 85 Zip Code **32779**

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 *Rosalie F. Priest* **ROSALIE F. PRIEST, SECRETARY** **4/21/98**
Signature, typed & printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PRIEST, JOHN W	
STREET ADDRESS	3350 CHARLES MACDONALD DRIVE	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PRIEST, ROSALIE F	
STREET ADDRESS	3350 CHARLES MACDONALD DRIVE	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRIEST, JOHN W	
1.3 STREET ADDRESS	120 LITTLE WEKIVA COURT	
1.4 CITY-ST-ZIP	LONGWOOD, FL 32779	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRIEST, ROSALIE F	
2.3 STREET ADDRESS	120 LITTLE WEKIVA COURT	
2.4 CITY-ST-ZIP	LONGWOOD, FL 32779	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, if an address.

SIGNATURE: *John W. Priest* **JOHN W. PRIEST** **4/21/98** **(407) 772-6623**

CR2E034 (10/97)