

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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra E. Wörtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000101061 (5)

1. Corporation Name
SEVEN NATIONS, INC.



Principal Place of Business: P.O. BOX 3666 BRANDON FL 33509-3666
Mailing Address: P.O. BOX 3666 BRANDON FL 33509-3666

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/16/1996	
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc.	4. FEI Number 59-3449288 APPLIED FOR	
22	City & State	27	City & State	Applied For: <input type="checkbox"/> Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCLEOD, KIRK A 8716 SANDBURY ORLANDO FL 32819				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

11. Pursuant to the provisions of Sections 607.01-02 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: _____ (Signature, typed or printed name of registered agent and title, if applicable) (NOIL Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEOD, KIRK	1.2 NAME	
STREET ADDRESS	8716 SANDBURY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, NEIL	2.2 NAME	
STREET ADDRESS	P.O. BOX 3666 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33509-3666	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRUBLE, JIM	3.2 NAME	
STREET ADDRESS	P.O. BOX 3666 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33509-3666	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, NICK	4.2 NAME	
STREET ADDRESS	P.O. BOX 3666 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33509-3666	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: _____ (NAME) 01-21-98 4032482102

CR2E034 (10/97)