

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

FILED
Apr 24 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 # P96000101108 (4)
 1. Corporation Name
PALADIN ASSOCIATES, INC.



Principal Place of Business 1655 E. SEMORAN BLVD., STE. 30 APOPKA FL 32703	Mailing Address 1655 E. SEMORAN BLVD., STE. 30 APOPKA FL 32703
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1655 E Semoran Blvd	26 1655 E Semoran Blvd.			12/16/1996	
22 Suite 12	27 Suite 12	4. FEI Number		Applied For	
23 Apopka, FL	28 Apopka, FL	59-3412055		Not Applicable	
24 32703	29 32703	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
25 USA	30 USA	<input type="checkbox"/>		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
KOHLMANN, JAMES D		81 Name			
1655 E. SEMORAN BLVD., STE. 30		82 Street Address (P.O. Box Number is Not Acceptable)			
APOPKA FL 32703		1655 E Semoran Blvd, Suite 12			
		83			
		84 City			
		Apopka			
		85 Zip Code			
		FL 32703			
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 <i>James D. Kohlmann</i>		SIGNATURE <i>James D. Kohlmann, President</i>		DATE 4/17/98	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHLMANN, JAMES D	1.2 NAME	
STREET ADDRESS	1655 E SEMORAN BLVD, SUITE 30	1.3 STREET ADDRESS	1655 E Semoran Blvd, Suite 12
CITY-ST-ZIP	APOPKA FL 32703	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHLMANN, GLORIA W	2.2 NAME	
STREET ADDRESS	1655 E SEMORAN BLVD, SUITE 30	2.3 STREET ADDRESS	1655 E Semoran Blvd, Suite 12
CITY-ST-ZIP	APOPKA FL 32703	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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: *James D. Kohlmann* **James D. Kohlmann** 4/17/98 407/886-1115

CR2E034 (10/97)