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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000103404 (5)

COLLOCATION, INC.

Principal Place of Business Mailing Address 931 VILLAGE BLVD 931 VILLAGE BLVD SUITE 905-388 SUITE 905-388 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 2. Principal Place of Business 2a. Mailing Address

FILED Feb 18 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/26/1996 4. FEI Number Applied For 65-0717458 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 8. Election Campaign Financing 8. This corporation owes or has paid the current year intangible land to the current year intended in the current year intended in the current year intended in the current year. 23 28 Zip Country Zip Country 30 24 25 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BEGENS, JEFFREY 9580 WEATHERVANE MANOR 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 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) egistered agent and little if applicable ON ICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 12. 13. DELETE 1.1 TITLE TATLE **GELLER, STEPHANIE** > 931 VILLAGE BLVD SUTTE 905-388 > WEST PRIM BETRH FL 33409 1.2 NAME NAME ~4901 N.W: 55TH COURT STREET ADDRESS -COCONUT-GREEK-FL-83073-3707~ 14 CITY - ST - ZIP CITY - 51 - 21P DELETE TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TIBLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 5 1 TITLE 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP

14. Thereby 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 suppliemental 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

SIGNATURE:

561-239-0078