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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT FILED Secretary of State DIVISION OF CORPORATIONS 1998 98 JUL -7 AM 9: 48 DOCUMENT #

1. Corporation Name P97000000318 (0) CALGALIANT OF STATE LALLAHASSEE, FLORIDA SHASTA INTERNATIONAL VENTURES INC. SHASTA INTERNATIONAL VENTURES, INC. Principal Place of Business Mailing Address PO BOX 621478 PO BOX 621475 ORLANDO FL 32062 ORLANDO FL 32862 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/02/1997 2. Principal Place of Business 2a. Mailing Address Applied For 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 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **ELEMO, SUNDAY O** 2433-3 BARLEY CLUB DR 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32837 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 abligations of, Section 607.0505, Florida Statutes. (NOTE: Rog stered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. CR2E034 (10/97 DIRECTUR **7**00**00258746****-044** -07/14/98--01006--023 TITLE DELETE 1 1 1 TEF SUNDAY O. ELEMO 1.2 NAME NAME 217 JERICA LN. 1.3 STREET ADDRESS ****150.00 STREET ADDRESS ****150.00 DAVENPORT, FL 33837-5408 CITY-ST-ZIP 1.4 CITY - ST - ZIP Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2, 4 CHTY - \$1 - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4, CITY-ST-ZIP DELFTE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY-ST-ZIP TITLE DELETE 5 1 TITLE Change ■ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 <u>CITY</u> - ST - ZIP CITY-ST-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 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.

Sunday O. Ellipto