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

PROFIT CORPORATION ANNUAL REPORT 1998 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE SECRETARY SECRETARY OF STATE SECRETARY SECRETARY SECRETARY SECRE

	1998		DIVISION OF CORPORATIONS			ONS	Secretary of State
	MENT # P		00555 (7)			
, morna	ID A. WOLLNEN,	VIAIA					E 1987/4037 ALG COLLI FORM COM DOLLI COLLI ARMI POLM DRADI CULLI CILGI ELIK 1887
Principal Place	- t D		Charles Barbarana				
2917 W SR 4		Г	Mailing Address 2917 W SR 434				
SUITE 151			SUITE 151				DO NOT WRITE IN THIS SPACE
LONGWOOD FL 32779			LONGWOOD FL 32779				3. Date Incorporated or Qualified
							12/26/1996
2. Principal Place of Business 21			2a. Maling Address				4. FEI Number Applied For 59-3417376 Not Applicable
Suite, Apt. #, etc			Suite, Apt #, etc.				5. Certificate of Status Desired Sa. 75 Additional
22			[27]				Fee Required
City & State	D.	28	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Count	re market and the second secon	7(p)	Cou	intry		This corporation owes or has paid the current year Intangible
24	25	ess of Current Reg		30		 .	Personal Property Tax due June 30. Yes No
DH M	BINO, NICHOLAS J	ess of Chiletii HeB	stereo Agent		81	Name	10. Name and Address of New Registered Agent
159 LOOKOUT PL					82	Street Add	dress (P.O. Box Number is Not Acceptable)
SUITE 101							Siess (
MA	ITLAND FL 32751				83		
					84	City	FL 85 Zip Code
11. Pursuant toffice or reagent. Lar	to the provisions of Sec egistered agent, or bot in familiar with, and ac	tions 607,0502 and h, in the State of Flo cept the obligations	607.1508, Florida Stati rida: Such change was of, Section 607.0505, F	utes, the a s authorize lorida Stat	bove d by tutes	e-named co the corpora i.	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Sistematics hyperfor pointed care	 er alt rege teres) barest and bi	the magapine actile (NC	ITE Registero	d Aga	nt signature req	uired when reinstaling) DATE
12.		DEFICERS AND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	D Wollner, Rich/	APN A	∐ DELETE	1.1 ÎI 12 N		Ì	Change Addition
STREET ADDRESS	2917 W. S.R. 434					ADDRESS	
CITY-ST-ZIP	LONGWOOD FL			1.4 CI	TY-S	T-ZIP	
TALE			☐ DELETE	2.1 TI			Change Addition
NAME				2 2 N	-	4000000	
STREET ADDRESS CITY-ST-ZIP						ADDRESS IT-ZIP	
TITLE			DELETE	3 1 TI			Change Addition
NAME				3 2 N/	AME		
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP TITLE			DELETE	3.4. C 4.1 Ti		T-ZIP	Change Addition
NAME				4. 2 N			
STREET ADDRESS				4.3 ST	TREE 1	ADDRESS	
CITY-ST-ZIP			Decese	4.4 CI		T-ZIP	Change Addition
TITLE NAME			☐ DELETE	5.1 TI 5.2 N/		[LI Change LI Addition
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP				5.4 CI		ſ	
TITLE			DELETE	6.1 71			Change Addition
NAME				6.2 N			
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP 1				■ 64 C	TY-S	t-21P J	

14. 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 suppliemental immust 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:

Rils shall

RICHARY A. WOLLING

1/31/78

407-869-6434