



SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000002264 (4)					
1. Corporation Name FILM TECHNOLOGIES INTERNATIONAL, INC.					

Principal Place of Business 2544 TERMINAL DRIVE SOUTH ST. PETERSBURG FL 33712	Mailing Address 2544 TERMINAL DRIVE SOUTH ST. PETERSBURG FL 33712
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98 NOV -3 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business				2a. Mailing Address				3. Date Incorporated or Qualified 01/09/1997			
21 Suite, Apt. #, etc.				26 Suite, Apt. #, etc.				4. FEI Number 59-3422874			
22 City & State				27 City & State				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
23 Zip				28 Zip				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Country				29 Country				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SHERRILL, STEPHEN H 2544 TERMINAL DRIVE SOUTH ST. PETERSBURG FL 33712				10. Name and Address of New Registered Agent			
81 Name				DONALD O. Wheeler			
82 Street Address (P.O. Box Number is Not Acceptable)				2544 Terminal Dr S			
83							
84 City				St Petersburg FL 33712			

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 Donald O. Wheeler DATE 10/29/98

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		<input type="checkbox"/> DELETE		1.1 TITLE	President / Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				1.2 NAME	Donald O. Wheeler		
STREET ADDRESS				1.3 STREET ADDRESS	2544 Terminal Dr S		
CITY-ST-ZIP				1.4 CITY-ST-ZIP	St Petersburg FL 33712		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				2.2 NAME	Stephen Michael		
STREET ADDRESS				2.3 STREET ADDRESS	2544 Terminal Dr S		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	St Petersburg FL 33712		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME	FRANK MILO		
STREET ADDRESS				3.3 STREET ADDRESS	2544 Terminal Dr S		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	St Petersburg FL 33712		
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: Donald Wheeler SIGNATURE REQUIRED Donald Wheeler 9/30/98 722 327 2544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #