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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700008052 (7)

FILED Jan 20 1998 8:00am Secretary of State

O'RAIL, INC. Principal Place of Business Mailing Address 1348 GREENLAND TRACE 1348 GREENLAND TRACE DELAND FL 32720 DELAND FL 32720 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/21/1997 2. Principal Place of Business 2a. Mailing Address Applied For 87 Box 593424796 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing DELAND 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 32721 Yes □ No 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ZIEGLER, ROBERT E Name ZIEGLER, ROBERT 1401 EWST BROWARD BLVD. SUITE 300 VICTORIA PARK CENTRE 82 P.O. Box Number is Not Acceptable) ST BROWARD BLVD 83 FT LAUDERDALE FL 33301 Suite 300 Victoria かんと CENTRE 84 Zio Code 85 AUDERDALE 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statules. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1,1 TITLE **BIGOT, CLAUDE** NAME 1.2 NAME P.O. BOX 87 STREET ADDRESS 1.3 STREET ADDRESS DELAND FL 32721 CITY-ST-ZIP 1.4 CITY - ST- ZIP ■ DELETE 2.1 TITLE Change Addition TITLE **BIGOT, DENISE** NAME 22 NAME P.O. BOX 87 STREET ADDRESS 2.3 STREET ADDRESS DELAND FL 32721 CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change ___ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CiTY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change | Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - 2IF 4.4 City - St - ZIP DELETE Change Addition TITLE 51 TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY - ST - ZIP CITY-ST-ZIF

14. Thereby certify that the information supplied with this filling 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

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