## FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 Apr 29 1998 8:00am FLORIDADEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # P97000020844 1, Corporation Name MEGALODON, INC. Principal Place of Business Malling Address 10180 CAMINO DEL DIOS 10180 CAMINO DEL DIOS DELRAY BEACH, FL 33446 DELRAY BEACH, FL 33446 3. Date Incorporated or Qualified 3a. Date of Last Report 3/6/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0735500 Not Applicable Suite, Apt. #, etc. 8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Yes X No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent eve Alten PRATT, DAVID Street Address (P.O. Box Number is Not Acceptable) 82 JONES FOSTER JOHNSTON & STUBBS, P.A. 83 505 S. FLAGLER DRIVE 84 WEST PALM BEACH, FL 33401 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 families with, and accept the obligations of, Section 607.0595, Florida Statutes. SIGNATURE. typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition PRESIDENT ALTEN, STEVEN R. NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 10180 CAMINO DEL DIOS CITY - ST - ZIP 1.4 City - ST - ZIP DELRAY BEACH, FL 33446 TITLE 2.1 TITLE DELETE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY - ST - ZIP TITLE 3 1 TITLE DELETE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP TITLE 4.1 TITLE DELETE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS OTY - ST - ZIP 4.4 CITY - ST - ZIP TITLE 5.1 TITLE DELETE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY - ST - ZIP 5.4 CITY - ST - ZIP 6.1 TITLE 00000250個**で44**0 -04/29/98--01021--004 DELETE

14. I do 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 City . ST - ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\*\*\*165.00

561-638-8622