

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

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000021476 (1)  
1. Corporation Name  
LIT CORP.



Principal Place of Business 1803 PARK CENTER DRIVE SUITE 201 ORLANDO FL 32835	Mailing Address 1803 PARK CENTER DRIVE SUITE 201 ORLANDO FL 32835
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1803 Park Center Drive Suite, Apt. #, etc. 22 Suite 220 City & State 23 Orlando, FL Zip 24 32835		2a. Mailing Address 26 1803 Park Center Drive Suite, Apt. #, etc. 27 Suite 220 City & State 28 Orlando, FL Zip 29 32835		3. Date Incorporated or Qualified 03/05/1997	
				4. FEI Number 59-3445510	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

g. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name	Randolph J. Rush
82 Street Address (P.O. Box Number is Not Acceptable)	
83	250 Park Avenue S., 5th Floor
84 City	Winter Park
85 Zip Code	FL 32789

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	DPS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	David J. Townsend
STREET ADDRESS		1.3 STREET ADDRESS	1803 Park Center Drive, Suite 220
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Orlando, FL 32835
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Leslie J. Townsend
STREET ADDRESS		2.3 STREET ADDRESS	1803 Park Center Drive, Suite 220
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Orlando, FL 32835
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
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	
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	
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:

4/27/98

(407) 294-6400

CR2E034 (10/97)