


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

FILED

May 27 1998 8:00am
Secretary of State

| | | |
|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # P97000021480 (3) 1. Corporation Name INION, INC. | | |



| | |
|--|--|
| Principal Place of Business 13577 FEATHER SOUND DRIVE SUITE 300 CLEARWATER FL 34622 | Mailing Address 13577 FEATHER SOUND DRIVE SUITE 300 CLEARWATER FL 34622 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|---|--|--|--|
| 2. Principal Place of Business 21 200 CENTRAL AVE. Suite, Apt. #, etc. 22 SUITE 1600 City & State 23 ST. PETERSBURG, FL Zip 24 33701 Country 25 USA | | 2a. Mailing Address 26 200 CENTRAL AVE. Suite, Apt. #, etc. 27 SUITE 1600 City & State 28 ST. PETERSBURG, FL Zip 29 33701 Country 30 USA | | 3. Date Incorporated or Qualified 03/07/1997 | 4. FEI Number 58-2310918 Applied For Not Applicable |
| | | | | 5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> No | |

| | | | |
|---|--|--|--|
| 9. Name and Address of Current Registered Agent JACOBS, RICHARD O 13577 FEATHER SOUND DRIVE SUITE 300 CLEARWATER FL 34622 | | 10. Name and Address of New Registered Agent 81 Name JACOBS, RICHARD O 82 Street Address (P.O. Box Number is Not Acceptable) 200 CENTRAL AVE. 83 SUITE 1600 84 City ST. PETERSBURG FL 85 Zip Code 33701 | |
|---|--|--|--|

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) (INC) Registered Agent signature required when reinstating) DATE _____

| | | | |
|----------------------------|---------------------------------|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | P/C <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 1.2 NAME | PAUL R WILLIAMS |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 406 CORAL REEF DRIVE |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | TAMPA, FL 34620 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | S/D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | PAUL R. WILLIAMS |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 406 CORAL REEF DRIVE |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | TAMPA, FL 34620 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 | <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 | 500002538145 |
| STREET ADDRESS | | 5.3 STREET ADDRESS | -05/28/98--01013--018 |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | ***\$58.75 |
| 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 Block 14 if attached with an address.

SIGNATURE:  Paul R. Williams 4/30/98 513-917-5094

CR2E034 (10/97)