


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).

APPROVED
AND
FILED

98 NOV 13 PM 4: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0006966

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P97000023500 (6) 1. Corporation Name FREDRIKSEN GROUP, INC.		

Principal Place of Business 703 GLASGOW COURT WINTR SPRINGS FL 32708	Mailing Address 703 GLASGOW COURT WINTR SPRINGS FL 32708
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 518 Hickorywood ave	2a. Mailing Address 26 Suite, Apt. #, etc. SAME
22 City & State 23 Altamonte Springs, FL	27 City & State
24 Zip 32714	25 Country USA

3. Date Incorporated or Qualified 03/17/1997	4. FEI Number 59-3439129	Applied For Not Applicable
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 type="checkbox"/> No		

9. Name and Address of Current Registered Agent

FREDRIKSEN, OYSTEIN
 703 GLASGOW COURT
 WINTR SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 Oystein Fredriksen **OYSTEIN FREDRIKSEN**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT/DIRECTOR	<input type="checkbox"/> DELETE
NAME OYSTEIN FREDRIKSEN	
STREET ADDRESS 518 HICKORYWOOD AVE	
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME OYSTEIN FREDRIKSEN	
1.3 STREET ADDRESS 518 HICKORYWOOD AVE	
1.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME 800002690868-3	
2.3 STREET ADDRESS -11/18/98-01078-015	
2.4 CITY-ST-ZIP *****550.00 *****550.00	

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: Oystein Fredriksen **REQUIRED** **9/23-98** **407-774-9443**
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (5/98)