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\$LORIDA DEPARTMENT OF STATE

Jun 09 1998 8:00am **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000026199 (4) SPRINGWALL, INC. Principal Place of Business Mailing Address 540 FOURTH STREET NORTH 540 FOURTH STREET NORTH ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/24/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59 343 7048 4500 Not Applicable 140 Ave. 1 \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Zip 8. This corporation owes or has paid the current tear Intangible 3376 24 25 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DANN, PHILIP W 540 FOURTH STREET NORTH **B2** Street Address (P.O. Box Number is Not Acceptable) ST. PÉTERSBURG FL 33701 83 R4 City 85 Zip Code 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 in the of repotenent agent and little it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. UP-CINANCE DELETE Change TITLE PRESIDENT 1.1 1/ILE ALLEN SCAILING. NAME Robert KAY 1.2 NAME 40WELDON AVE SUITE116 40 WELDON AUE STREET ADDRESS Suite 116 1.3 STREET ADDRESS Moncton, N.B. CANADA ionizon N.B CAMADA City-St-7/P 1.4 CITY - ST - ZIP DILETE Channe Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - 7(P DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE 7 Addition TITLE 4.1 THLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 City - St - ZiP DELETE 61 TITLE Addition TITLE 6.2 NAME NAME **63 STREET ADDRESS** STREET ADDRESS ***150.00 CITY-ST-ZIP 6.4 CITY - ST - 7IP 14. Thereby 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 armual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am an officer or director of the corporation or the receiver, of 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 attachy. With an address

FILED

april 29,1997 506-853-2602