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

NAME

STREET ADDRESS

CITY-ST-ZIF

May 29 1998 8:00am **PROFIT** LLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1**9**98 P97000035385 (8) DOCUMENT # SEBOK, INC. Principal Place of Business Mailing Address 8921 BLIND PASS ROAD 8921 BLIND PASS ROAD SUITE 337 SUITE 337 DO NOT WRITE IN THIS SPACE ST PETERSBURG FL 33706 ST PETERSBURG FL 33706 3. Date Incorporated or Qualified 04/21/1997 2. Principal Place of Business 2a. Mailing Address Applied For P.O. BOX 67082 65-3445713 3400 GULF BUD Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be ST. PETE BCH., FL. ST. PETE П 23 Trust Fund Contribution Added to Fees 26 This corporation owes or has paid the current year Inlangible 33736 Yes [] No 29 Personal Properly Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SEBOK, RANDALL 8921 BLIND PASS RD. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 837** 83 ST PETE BEACH FL 33706 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. Thereby 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 260 DELETE Change Addition TITLE 1.1 TITLE 1.2 NAME NAME HANDAII SEBUL 8921 BUND PASS RD. #337 STREET ADDRESS 1.3 STREET ADDRESS St. Pete BCH., FC. 83706 1.4 CH1Y - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 7(TLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4111111 NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY-ST-ZIP 4.4 CITY-S1-ZIP DELETE Change Addition TITLE 5.1 TITLE 52 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

call Calada

6.3 STREET ADDRESS

1120104

6.4 CITY-ST-ZIP 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 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.

FILED