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FILED
May 11 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 # P97000040815 (7)

1. Corporation Name

ASSOCIATE AGENTS, INC.



Principal Place of Business

Mailing Address

4405 WILLOW RUN LANE
TAMPA FL 33624

4405 WILLOW RUN LANE
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 9620 Gunn Hwy

2a. Mailing Address

26 16707 Foothill Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 140

27 Ed

City & State

City & State

23 Tampa FL

28 Tampa, FL

Zip

Zip

24 33625

Country

29 33624

Country

30 Hillsborough

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAFFORD, WAYNE
4405 WILLOW RUN LANE
TAMPA FL 33624

81 Name Wayne Wafford JR.

82 Street Address (P.O. Box Number is Not Acceptable)
16707 Foothill Dr

83 1

84 City Tampa

FL

85 Zip Code 33624

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, in 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 date (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME WAFFORD, WAYNE
STREET ADDRESS 4405 WILLOW RUN LANE
CITY-ST-ZIP TAMPA FL 33624

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 16707 Foothill Dr
1.4 CITY-ST-ZIP Tampa, FL 33624

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

CP2E034 (10/97)