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Apr 22 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 # P97000041034 (4)

1. Corporation Name
FOCUS LIMITED INC.



Principal Place of Business

Mailing Address

P.O. BOX 9982
PANAMA CITY BEACH FL 32407

P.O. BOX 9982
PANAMA CITY BEACH FL 32407

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 725 N. Tyndall Pkwy

2a. Mailing Address

26 1232 Plantation Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Callaway, FL.

City & State

28 Callaway, FL.

Zip

24 32404

Country

25 USA

Zip

29 32404

Country

30 USA

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200-A JOHN KNOX RD.
TALAHASSEE FL 32303-6643

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D [] DELETE

NAME PENDERGRAST, THOMAS L

STREET ADDRESS 725 N. TYNDALL PKWY.

CITY-ST-ZIP CALLAWAY FL 32404

TITLE D [] DELETE

NAME PENDERGRAST, JUDITH

STREET ADDRESS 725 N. TYNDALL PKWY.

CITY-ST-ZIP CALLAWAY FL 32404

TITLE D [] DELETE

NAME PENDERGRAST, MATTHEW

STREET ADDRESS 725 N. TYNDALL PKWY.

CITY-ST-ZIP CALLAWAY FL 32404

TITLE D [] DELETE

NAME PENDERGRAST, JESSE

STREET ADDRESS 725 N. TYNDALL PKWY.

CITY-ST-ZIP CALLAWAY FL 32404

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [] Change [] Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE [] Change [] Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE [] Change [] Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE [] Change [] Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE [] Change [] Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE [] Change [] Addition

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.

SIGNATURE

CR2E034 (10/97)