

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

FILED

May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000048344 (0)
1. Corporation Name
SUMO INC.

Principal Place of Business 8181 WEST BROWARD BLVD. #300 PLANTATION FL 33324	Mailing Address 8181 WEST BROWARD BLVD. #300 PLANTATION FL 33324
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10001 NW 50th St. Suite, Apt. #, etc. #111 22 City & State Sunrise, FL 23 Zip 33351 25 Country USA		2a. Mailing Address 26 10001 NW 50th St. Suite, Apt. #, etc. #111 27 City & State Sunrise, FL 28 Zip 33351 30 Country USA		3. Date Incorporated or Qualified 06/02/1997	4. EEI Number 65-076-2521	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						

9. Name and Address of Current Registered Agent ZIETZ, LAWRENCE D 8181 WEST BROWARD BLVD. #300 PLANTATION FL 33324				10. Name and Address of New Registered Agent 81 Name Cort A. Heimark 82 Street Address (P.O. Box Number is Not Acceptable) 800 Corporate Dr. 83 Suite 420 84 City Ft. Lauderdale FL 85 Zip Code 33334			
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11. Pursuant to the provisions of Sections 607.02 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

Cort A. Heimark

(NOTE: Registered Agent signature required when reappointing)

4-20-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPUTO, JOHN D	1.2 NAME	
STREET ADDRESS	3440 PINEWALK DR. #511	1.3 STREET ADDRESS	440 Westree Lane
CITY-ST-ZIP	MARGATE FL 33067	1.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE	VO	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARLOWE, JASON S	2.2 NAME	
STREET ADDRESS	16754 N.W. 13TH ST	2.3 STREET ADDRESS	4324 S. Ocean Blvd. #B
CITY-ST-ZIP	PEMBROKE PINES FL 33028	2.4 CITY-ST-ZIP	Highland Beach, FL 33487
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Jason Tarlowe, V.P.

4/17/98 954-572-7866

CR2E034 (10/97)