

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

FILED  
Apr 14 1998 8:00am  
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1998  |                  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |             |
|--|------------------|--|-------------|
| DOCUMENT # <b>P97000057588</b>   |                  |  |             |
| 1. Corporation Name<br><b>ZAUNER ENTERPRISES, INC.<br/>d.b.a. DIRECT CONTACT FIELD SERVICES</b>  |                  |  |             |
| Principal Place of Business<br><b>3375 34th Street North #D<br/>St. Petersburg, FL 33713</b>   |                  | Mailing Address  |             |
| DO NOT WRITE IN THIS SPACE   |                  |  |             |
| 2. Principal Place of Business   |                  | 3. Date Incorporated or Qualified<br><b>7-1-97</b>   |             |
| 21. Suite, Apt. #, etc.  | 22. City & State | 23. Zip  | 24. Country |
| 25. Suite, Apt. #, etc.  | 26. City & State | 27. Zip  | 28. Country |
| 29. Name and Address of Current Registered Agent<br><b>DOUGLAS E. JOHNSON<br/>3375 34th St. N.<br/>St. Pete, FL 33713</b>  |                  | 30. Name and Address of New Registered Agent   |             |
| 31. Name   |                  | 32. Street Address (P.O. Box Number is Not Acceptable)   |             |
| 33. City   |                  | 34. Zip Code   |             |
| 35. 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 _____ DATE _____   |                  |  |             |
| 12. OFFICERS AND DIRECTORS   |                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |             |
| 12.1 TITLE<br><b>PRESIDENT</b>   |                  | 12.1 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                    |             |
| 12.2 NAME<br><b>DOUGLAS E. JOHNSON</b>   |                  | 12.2 NAME  |             |
| 12.3 STREET ADDRESS<br><b>5219 57th Way N</b>  |                  | 12.3 STREET ADDRESS  |             |
| 12.4 CITY-ST-ZIP<br><b>Kenneth City, FL 33709</b>  |                  | 12.4 CITY-ST-ZIP   |             |
| 12.5 TITLE<br><input type="checkbox"/> DELETE  |                  | 12.5 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                    |             |
| 12.6 NAME<br><b>SECRETARY</b>  |                  | 12.6 NAME  |             |
| 12.7 STREET ADDRESS<br><b>BRIAN D. WENTWORTH</b>   |                  | 12.7 STREET ADDRESS  |             |
| 12.8 CITY-ST-ZIP<br><b>2220 B Bancroft Circle S.<br/>PALM HARBOR, FL 34673</b>   |                  | 12.8 CITY-ST-ZIP   |             |
| 12.9 TITLE<br><input type="checkbox"/> DELETE  |                  | 12.9 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                    |             |
| 12.10 NAME<br><b>TREASURER</b>   |                  | 12.10 NAME   |             |
| 12.11 STREET ADDRESS<br><b>PATRICIA A. JOHNSON</b>   |                  | 12.11 STREET ADDRESS   |             |
| 12.12 CITY-ST-ZIP<br><b>5219 57th Way N.<br/>Kenneth City, FL 33709</b>  |                  | 12.12 CITY-ST-ZIP  |             |
| 12.13 TITLE<br><input type="checkbox"/> DELETE   |                  | 12.13 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                   |             |
| 12.14 NAME   |                  | 12.14 NAME   |             |
| 12.15 STREET ADDRESS   |                  | 12.15 STREET ADDRESS   |             |
| 12.16 CITY-ST-ZIP  |                  | 12.16 CITY-ST-ZIP  |             |
| 12.17 TITLE<br><input type="checkbox"/> DELETE   |                  | 12.17 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                   |             |
| 12.18 NAME   |                  | 12.18 NAME   |             |
| 12.19 STREET ADDRESS   |                  | 12.19 STREET ADDRESS   |             |
| 12.20 CITY-ST-ZIP  |                  | 12.20 CITY-ST-ZIP  |             |
| 12.21 TITLE<br><input type="checkbox"/> DELETE   |                  | 12.21 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                   |             |
| 12.22 NAME   |                  | 12.22 NAME   |             |
| 12.23 STREET ADDRESS   |                  | 12.23 STREET ADDRESS   |             |
| 12.24 CITY-ST-ZIP  |                  | 12.24 CITY-ST-ZIP  |             |
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| 12.27 STREET ADDRESS   |                  | 12.27 STREET ADDRESS   |             |
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| 12.31 STREET ADDRESS   |                  | 12.31 STREET ADDRESS   |             |
| 12.32 CITY-ST-ZIP  |                  | 12.32 CITY-ST-ZIP  |             |
| 12.33 TITLE<br><input type="checkbox"/> DELETE   |                  | 12.33 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                   |             |
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| 12.35 STREET ADDRESS   |                  | 12.35 STREET ADDRESS   |             |
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| 12.37 TITLE<br><input type="checkbox"/> DELETE   |                  | 12.37 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                   |             |
| 12.38 NAME   |                  | 12.38 NAME   |             |
| 12.39 STREET ADDRESS   |                  | 12.39 STREET ADDRESS   |             |
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| 12.41 TITLE<br><input type="checkbox"/> DELETE   |                  | 12.41 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                   |             |
| 12.42 NAME   |                  | 12.42 NAME   |             |
| 12.43 STREET ADDRESS   |                  | 12.43 STREET ADDRESS   |             |
| 12.44 CITY-ST-ZIP  |                  | 12.44 CITY-ST-ZIP  |             |
| 12.45 TITLE<br><input type="checkbox"/> DELETE   |                  | 12.45 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                   |             |
| 12.46 NAME   |                  | 12.46 NAME   |             |
| 12.47 STREET ADDRESS   |                  | 12.47 STREET ADDRESS   |             |
| 12.48 CITY-ST-ZIP  |                  | 12.48 CITY-ST-ZIP  |             |
| 12.49 TITLE<br><input type="checkbox"/> DELETE   |                  | 12.49 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                   |             |
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| 12.53 TITLE<br><input type="checkbox"/> DELETE   |                  | 12.53 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                   |             |
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| 12.55 STREET ADDRESS   |                  | 12.55 STREET ADDRESS   |             |
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| 12.57 TITLE<br><input type="checkbox"/> DELETE   |                  | 12.57 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                   |             |
| 12.58 NAME   |                  | 12.58 NAME   |             |
| 12.59 STREET ADDRESS   |                  | 12.59 STREET ADDRESS   |             |
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| 12.67 STREET ADDRESS   |                  | 12.67 STREET ADDRESS   |             |
| 12.68 CITY-ST-ZIP  |                  | 12.68 CITY-ST-ZIP  |             |
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| 12.71 STREET ADDRESS   |                  | 12.71 STREET ADDRESS   |             |
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| 12.74 NAME   |                  | 12.74 NAME   |             |
| 12.75 STREET ADDRESS   |                  | 12.75 STREET ADDRESS   |             |
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| 12.77 TITLE<br><input type="checkbox"/> DELETE   |                  | 12.77 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                   |             |
| 12.78 NAME   |                  | 12.78 NAME   |             |
| 12.79 STREET ADDRESS   |                  | 12.79 STREET ADDRESS   |             |
| 12.80 CITY-ST-ZIP  |                  | 12.80 CITY-ST-ZIP  |             |
| 12.81 TITLE<br><input type="checkbox"/> DELETE   |                  | 12.81 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                   |             |
| 12.82 NAME   |                  | 12.82 NAME   |             |
| 12.83 STREET ADDRESS   |                  | 12.83 STREET ADDRESS   |             |
| 12.84 CITY-ST-ZIP  |                  | 12.84 CITY-ST-ZIP  |             |
| 12.85 TITLE<br><input type="checkbox"/> DELETE   |                  | 12.85 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                   |             |
| 12.86 NAME   |                  | 12.86 NAME   |             |
| 12.87 STREET ADDRESS   |                  | 12.87 STREET ADDRESS   |             |
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| 12.89 TITLE<br><input type="checkbox"/> DELETE   |                  | 12.89 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                   |             |
| 12.90 NAME   |                  | 12.90 NAME   |             |
| 12.91 STREET ADDRESS   |                  | 12.91 STREET ADDRESS   |             |
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| 12.93 TITLE<br><input type="checkbox"/> DELETE   |                  | 12.93 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                   |             |
| 12.94 NAME   |                  | 12.94 NAME   |             |
| 12.95 STREET ADDRESS   |                  | 12.95 STREET ADDRESS   |             |
| 12.96 CITY-ST-ZIP  |                  | 12.96 CITY-ST-ZIP  |             |
| 12.97 TITLE<br><input type="checkbox"/> DELETE   |                  | 12.97 TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                   |             |
| 12.98 NAME   |                  | 12.98 NAME   |             |
| 12.99 STREET ADDRESS   |                  | 12.99 STREET ADDRESS   |             |
| 12.100 CITY-ST-ZIP   |                  | 12.100 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: <b>[Signature]</b>  |                  | 4/10/98 813 556 900  |             |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                  | Date Daytime Phone   |             |

CR2E034 (10/97)