

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000076588 (7)
 1. Corporation Name
11095 VIKING, INC.

Principal Place of Business 1801 HERMITAGE BLVD., STE. 800 TALLAHASSEE FL 32308	Mailing Address 1801 HERMITAGE BLVD., STE. 600 TALLAHASSEE FL 32308
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/04/1997	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-3465691	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
TODD, DAVID E 1801 HERMITAGE BLVD., STE. 100 TALLAHASSEE FL 32308				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Douglas W. Bennett	1.2 NAME	Bruce G. Morrison
STREET ADDRESS	1801 Hermitage Boulevard	1.3 STREET ADDRESS	335 Madison Avenue
CITY-ST-ZIP	Tallahassee, FL 32308	1.4 CITY-ST-ZIP	New York, NY 10017
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Todd A. Miller	2.2 NAME	Jeffrey L. Smith
STREET ADDRESS	1801 Hermitage Boulevard	2.3 STREET ADDRESS	1801 Hermitage Blvd., Suite 600
CITY-ST-ZIP	Tallahassee, FL 32308	2.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Grossman	3.2 NAME	
STREET ADDRESS	335 Madison Avenue	3.3 STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10017	3.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen P. Latimer	4.2 NAME	
STREET ADDRESS	335 Madison Avenue	4.3 STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10017	4.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James W. Horton	5.2 NAME	
STREET ADDRESS	1801 Hermitage Blvd.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32308	5.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Luanne K. Good	6.2 NAME	
STREET ADDRESS	1801 Hermitage Boulevard	6.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32308	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: Douglas W. Bennett, Director  2/25/98 850 688 4406

CR2E034 (10/97)