## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMDI:NT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

SIGNATURE:

Oct 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000080625 RASCIONATO ING. Principal Place of Business Mailing Address MAGDALENE FOREST CT. TAMPA, FC, 33618 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable Suite, Apt. #, oto Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country B. This corporation owes or has paid the current year Intangible 24 29 Personal Properly Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FRANK RASCIONATO 3101 MAGDALENE FEREST CT. Street Address (P.O. Box Number is Not Acceptable) TAMPA, FC, 33618 83 84 City Zip Code 85 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

SIGN OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (2/98)THILE DELETE 1.1 THILE Change NAME 12 NAME STREET ADDRESS 13 STREET ADDRESS TAMPA FL 3368 CITY-ST-715 1.4 CITY-ST-ZIP DELETE THUE 2.1 TITUE FRANK RASCIONATO 3101 MAGDALENE FOREST CT. 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS TAMPA, FC 33618 C01Y - S1 - ZIE 2 4 CITY-ST-ZIP ■ DELETE 3111116 DARIUS RASCIONATOFOLEST CY SICH MAGORIERE FOLEST CY TAMPO JEC, 33618 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-SI-ZIF 3 4. CITY-S1-ZIP DELETE 4 1 THLE Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREFT ADDRESS City - \$1 - 761 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 1000 900002653969 NAME 5.2 NAME -10/02/98--01008--**04**3 STREET ADDRESS 5.3 STREET ADDRESS \*\*\*158.75 5.4 CITY - \$1 - ZIP DELETE 1016 6 1 11/4 Addition MAMI 6.2 NAME STREET ADDRESS 14. Denoty corlify 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 frustee empowered to execute this report as required by Grapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or open altacytic title in address.

FILED