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

PROFIT CORPORATION ANNUAL REPORT

1998

CREAMER, TEDD



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000086790 (7)

9. Name and Address of Current Registered Agent

FIRST NATIONAL FIDELITY CORPORATION

Principal Place of Business Mailing Address 1174 N.W. 108 TERRACE 1174 N.W. 108 TERRACE PLANTATION FL \$3322 PLANTATION FL 33322 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/06/1997 2. Principal Place of Business 2a. Mailing Address 1750 Character Drave 1750 WOIVERSITY DRIVE Suite, Apt. #, etc. 5. Certificate of Status Desired SUITE 226 Cily & State

Applied For -0189155 Not Applicable \$8.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be FLAUDA Added to Fees Trust Fund Contribution This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent

FILED

Apr 17 1998 8:00am

Secretary of State

1174 N.W. 108 TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33322** 83 750 ChivENSITY DRIVE

Zip Code 3307 /

EDD CREAMER

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 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. PRESIDENT DELETE 1.1 TITLE Change TITLE TEDD CREAMER NAME 1.2 NAME 750 UNIVERSITY ORIVE, SUITE 226 1.3 STHEET ADDRESS STREET ADDRESS 1.4 CITY - S1 - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

KRXXXXVIO

81 Name

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 em an officer or director of the corporation or the receiver or trusten employed 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: