

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

FILED
Apr 23 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 # P97000095362 (4)
 1. Corporation Name
ALLIED SOUTHERN INVESTMENT CORP.



Principal Place of Business 500 W PARIS TAMPA FL 33604	Mailing Address 500 W PARIS TAMPA FL 33604
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/30/1997	
21 Suite, Apt #, etc.	22 City & State	26 Suite, Apt #, etc.	27 City & State	4. FEI Number 59-3476958	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent LEIGH, CHARLES 500 W PARIS TAMPA FL 33604				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code
				FL	
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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature typed or printed name of registered agent and fee, if applicable					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	NAME	11 TITLE	12 NAME
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		D/P/S/T	Charles Leigh
CITY - ST - ZIP		500 W Paris ST	Tampa, FL 33604
	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		22 NAME	
CITY - ST - ZIP		23 STREET ADDRESS	
	<input type="checkbox"/> DELETE	24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		32 NAME	
	<input type="checkbox"/> DELETE	33 STREET ADDRESS	
STREET ADDRESS		34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		52 NAME	
CITY - ST - ZIP		53 STREET ADDRESS	
	<input type="checkbox"/> DELETE	54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		62 NAME	
	<input type="checkbox"/> DELETE	63 STREET ADDRESS	
STREET ADDRESS		64 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: *Charles Leigh / Charles Leigh* 4/1/98 813-234-1204

CR2E034 (10/97)